VR A15 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND
00083	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH	00005
00000		

9.1				
	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Ro	esidence before admission)
/		a. COUNTY AND A MOUNT DE	a. STATE MAP II AND b. COUNTY	Acualary
	_	HNNE HKUNDEL MARYLAND	MITTAYLMIND ANNE	HLUIVUEL
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
		CLEN BURNIE LIFETIME	GLEN BURNIE	02-1
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	8. IS RESIDENCE ON A FARM?
4		NORTH ARUNDEL GEN. HOSP.	19 MARLEY WECK RD.	YES NO NO
	3.	NAME OF FIrst Middle DECEASED A A A A	Last 4. DATE Month	Day Year
		(Type or print) CLYDE #DIT/YI	ABEL OF DEATH JAN	14 1966
Į	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	from the first tent to the first tent tent tent tent tent tent tent te	Days Hours Min.
		MALE UIHITE WIDOWED DIVORCED	Nov. 28/896 69 yrs. Mondis	oaya mouta ditu.
		. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
	uuri	ing most of working life, even if retired) INDUSTRY	BAITIMORE MAD	UNTRY?
	13.	FATHER'S NAME CONTRACTING	14. MOTHER'S MAIDEN NAME	u. 3171,
			an maritim o material stance	
		George A. Abel		
	15. (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address	
		NO 217-05-4342 A	(Mary A. Abel 19 Marl	ey Neck Rd
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	/ 1	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rempreliage -	middle
		443 X DUE TO 1/		
		Conditions If any which \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	: curdiovernead disease	akres
11		gave rise to immediate	Lee see me comme e	1
		cause (a), stating the DUE TO		100
	2	underlying cause last.) (c)	TED TO THE TENEVIAL DIRECTOR ON DIVINOUS DIVINOUS DESCRIPTION OF THE PARTY OF THE P	IN WAS SILTOROV
_	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
0	5		And the state of t	YES NO
	E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.	
	CE	OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	A		CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
	MEDICAL		ry, street, office bldg., etc.)	, , , , , , , , , , , , , , , , , , , ,
	ME	p.m. 19 at work at work	,	
		21. I certify that (I) (this hospital) attended the deceased from	/-/3 , 19/-6, to /-/4 , 19/-	6, that (I) (we) last
		saw the deceased alive on /-/ 1966, and that	death occurred at A.M. from the causes and on the	e date stated above.
		22a. SICNATURE	22b. 0/	TE SIGNED
		to ament a Decored M.D	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	
4	-	22c. PHYSICIAN'S	22d. ADDRESS	
1	i	NAME (Type) Ernest A. Leipold	425 Ritchie Highway S.	E .
	23a.			n(y) (State)
	Z 3d,	REMOVAL (Specify)		
	64	Burial 1/17/66 Mt. Carmel	Baltimore, Ma	ryland
1	24.	Raymond C. Fink Glen Burnie	Md sand de sand AMI	SIGNATURE
3			diffen 17 1966 fectionles	mage

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00084 HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY o. STATE Page HANR delay Department b. CITY OR TOWN (If outside corporate limits, write DURAL and give pearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS hours Perler dass. 1613 - V. YES NO Stote 4 DATE 3. NAME OF First Day Year DECEASED ACLAMS within (Type or print) DEATH IF UNDER 1 YEAR 8. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthdoy) Months Hours WIDOWED event ond 2 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? S.A. during most of working life, even if retired) INDUSTRY Washington, D/C. in ony word "pending" in pencil in the Chief Medicol Exominer's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within John B. Adams Gwendolyn M. Hill FILE pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 17. INFORMANT 16. SOCIAL SECURITY NO permit. 1613 V St., N.W. John B. Adams ar removol, Washington, D. Charerval Between B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ONSET AND DEATH buriol-transit crematian, DUF TO Conditions, if ony, which gove nse to immediate couse (a). forworded to DUE TO stating the underlying couse 0 00 buriol, used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO please execute the certificate, aq 0 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED Anter noture of injury in Port I or Port II of item 18.) designated agent, prior 3 should 4 should on Chair + sled under Kertrane MEDICAL EXAMINER: CAUSE OF DEATH files. (City or town) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Doy, Year 5 may be retained for your O FUNERAL DIRECTOR: Page 19 66 of work 21. I certify that I took charge of the remains described above Held an Autopsy Inquiry -Inspection . ond in my opinion Accident death resulted fram Natural causes Undetermined manner Suicide Hamicide | CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY funerol DEPUTY MEDICAL EXAMINER D Heolth or NAME (Type) Address (Street, city, town, of county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Burial Mt. Olivet Cemetery 17/66 Washington, D. C.

ADDRESS

VR A15ME (5)

24. FUNERAL DIRECTOR

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

7-X DAJAN

1966

10051 -1 7301

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dent. of Health prior to burial, cremation, or removal, and then yevent, within 72 hours after Deuth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00085	T + //	CERTIFICAT	TE OF DEATH		0008	34
1.	PLACE OF BEATH A V	NE ARUN	DEL MARYLAND	2. USUAL RESIDENCE (1) B. STATE Maryland	Where deceased lived, if in b. COU	STITUTION: Residen	
	b. CITY OR TOWN (if outsic write RURAL and give n	de corporate limits, learest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	side corporate limits, w	rite RURAL and	give nearest town)
	d. NAME OF HOSPITAL OR		pital, give street address	0 /	11	02-1	e. IS RESIDENCE ON A FARM?
-	North Arune	del Hospita	al	1307 CATHER			YES NO
3.	NAME OF DECEASED (Type or print)	First FARLES	G Middle	AMEND JR.	DATE Mont	2 9	1966
5.	SEX 6. COLOR	OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	
dur	LUSUAL OCCUPATION (Give king most of working life, evi Aur (raft Me	en If retired) IND	D OF BUSINESS OR DUSTRY	Baltimore	44 /	COUNT	N OF WHAT
13.	Charles G	Amond Sn.		Anna L	delmann		
	. WAS DECEASED EVER IN U.S	war or dates of service)	6-01-4807		Address	oss 07 Coth	onino As
	18. CAUSE OF DEATH [En	ter only one cause per line			a rincorca je	INT	ERVAL BETWEEN
	PART I, DEATH WAS I	CAUSED BY:	bromary	Ihromb	2120	- Or	ISET AND DEATH
	4201	DUE TO P	C - 2	1. Andrew	Dileas	0	
	Cenditions, If any, which gave rise to immediate	(6)	ronary	HAIRAX	Disers	_	
>	cause (a), stating the underlying cause last.	(c) / / /		LEROTIE H			
CERTIFICATION	PART II. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	<u>ING TO DEATH</u> BUT NOT RE	LATED TO THE TERMINAL DISE	ASE CONDITION GIVEN II		PERFORMED?
CERTIF	20a. ACCIDENT WAS UNDE OR CONTRIBUTING ☐ CAU (IF EITHER, NOTIFY MEDIC	SE OF DEATH	SCRIBE HOW INJURY OC	CURRED. (Enter nature of Inju	iry in Part I or Part II	of Item 18.)	
MEDICAL	20c. TIME OF INJURY Me Hour a.m. p.m.	onth, Day, Year 2Dd. INJ While 19 at work	URY OCCURRED 20e. Pr	LACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
-		(this hospital) attended	the deceased from_	Sept 1960	5, to fon 4		that (I) (we) last
	saw the deceased ali	ve on Dec	19.65, and th	at death occurred at 530	AM, from the causes	and on the da	
	100	The 1 a	Les, M		CTOR STAFF	Ton	9,1966
	22c. PHYSICIÁN'S NAME (Type)	SEPH 7	ALER	95 ABUAH	ART Rd. (cleaBi	I Thie Md
232	BURIAL, CREMATION, 23	Bb. DATE THEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City,	town or county)	(State)
24	Burial	1/13/66	Dulaney V	alley 25a. REC'DI	Baltimore BY REGISTRAR 25b. 1	REGISTRAR'S SE	NATURE

1/65 VR AIS

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. funeral and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY ANNE ARUNDEL by the Pages 1 HRUNDE ANNE MARYLAND CITY OR TOWN (If outside corporate limits, write QURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ion papers. Pag within 72 hours hours ANNAPOLIS SIDE SHADY MOL E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO HUSPITAL YES completely carbon 3. NAME OF Middle DATE Year Last Month Day DECEASED event, 8 CHER (Type or print) DEATH 1966 INTER executed 6. COLOR OR DATE OF BIRTH 8. ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) | Months | Days any and WIDOWED T DIVORCED [10a, USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY TOUSE-WIFE U.S. Maryland FATHER'S NAME removal. MOTHER'S MAIDEN NAME Franz Winter attending a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) death William H. Archer, Jr 5219 Vernon Dr Camp n signed by the burial-transit p burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ONGESTITE the hospital or attending physician. IMMEDIATE CAUSE (a) RTENSITE (ARDIOVASCULAR DISEASE Conditions, If any, which peen gave rise to immediate the DUE TO cause (a), stating the underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) WAS AUTOPSY for use Health PERFORMED? certificate YES NO K 20a. ACCIDENT WAS UNDERLYING detached for DESCRIBE HOW INJURY OCCURRED. (Enter nature of in arry in Part I or Part II of Item 18. OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m.e After Id be d While Not White et work p.m. at work retained DIRECTOR: A age 3 should lied with the 3 finds: work attended the deceased from 21. 1 certify that (1) M. from the causes and on the date stated above. saw the deceased alive and that death occurred at 22a. SIGNATURE 22b. DATE SICNED page PHYS. STAFF DIRECTOR Page 4 may FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Side. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) 1-20-66 James Church Cemetery Lothian Maryland 24. FUNERAL DIRECTOR REC'D BY RECISTRAR 25b. Funeral Home 4308 Suitland Rd Suitland Maryland VR A15 (4) land

20M 1/65

MARGERIA PARI HILLER Simp SHAW SIDE IN C. A With Anne PANE HOMES GENTLAN HOMEN MARTILLER WINTER HICHER 1 House wirt Commission HEAVE FAILURE KID DIV HYPPERTABLE CHEMINAROULING DISCASE Ketwarm of motivates removed this port west the Browning to EC 09 31-1 11 01-1 1/18/26 · III · (BILL - LAS)

TARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/\$\$

CENTRAL OF DEATH

within 24 hours aller leath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carron papers. Pages 1 and 2 director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. TE HESPITAL OR TITE ENDING FIVE CENT. The law requires that the leath merificate le exempte Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OFFICATE OF DEATH

OFFICATE OF DEATH

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1.	a. COUNTY A	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY	sidence before admission)
-	write RURAL and give nearest town)	C. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in applied, give street address)	d. STREET ADDRESS	1 6. IS RESIDENCE
_	mode Rd Rt 1 Buf 434	et 1 Box 434 moore	ON A FARM?
3.	B. NAME OF DECEASED (Type or print)	Last 4. DATE Month DF DEATH / - [- ()	Day Year
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
_	WIDOWED DIVORCED N	arch 30,1886.79 Mrs.	Days Hours Min.
dy	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (Sturty & State, of foreign country) 12. CI	UNTRY?
13	Xettered Slean Fittor - Heatingle	14. MOTHER'S MAIDEN NAME	W
	Fred - Qu .	L. (Keell.	
1. (Y	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. If Yes, no, or unknown) (If yes give war or dates of service)	NFORMANT	
-	No - Cen	na ly Clove	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	D. Dest to	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	and among	
	Conditions, If any, which	to 0	
	gave rise to immediate cause (a), stating the DUE TO		
NO	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
ICAT			YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURI GOR CONTRIBUTING CAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Part II of Item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, farm, 20f. (City or town) (Cour, street, office bldg., etc.)	nty) (State)
MED	Phour a.m. While Not While p.m. 19 at work at work		
L	21. I certify that (I) (this hospital) attended the deceased from	death occurred at 7 0 M, from the causes and on the	, that (I) (we) last
	saw the deceased alive on 200 19 and that c	22b. DA	TE SIGNED
	Crobold Chatalus M.D.	ATTENDING MED DIRECTOR PHYS. PHYS.	-66
	PHYSICIAN'S ROOT R. Holm	P.O. Box 73 Severya (Bukhud
23	3a. BURNAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
20	24 FONERAL DIRECTOR A POPRESS NO VICENTIAN VIC	259. REC'D ST REGISTRAR 250. REGISTRAR'S	SIGNATURE-
	tolef & Kanguer Joing Ch	2 MAN 5 1966 " 1969	
120	Jane & Jane & Marie & M.	The state of the s	#=¥ · - =



TO COLUMN IN ATTEMBED INVITABLE. The law requires that the death certificate by executed within 24 flours after Beath. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: Litter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be becache for use as the burial-transit permit. Then places remove carbon papers. Pages 1 and 2 should be file within 72 hours after death.

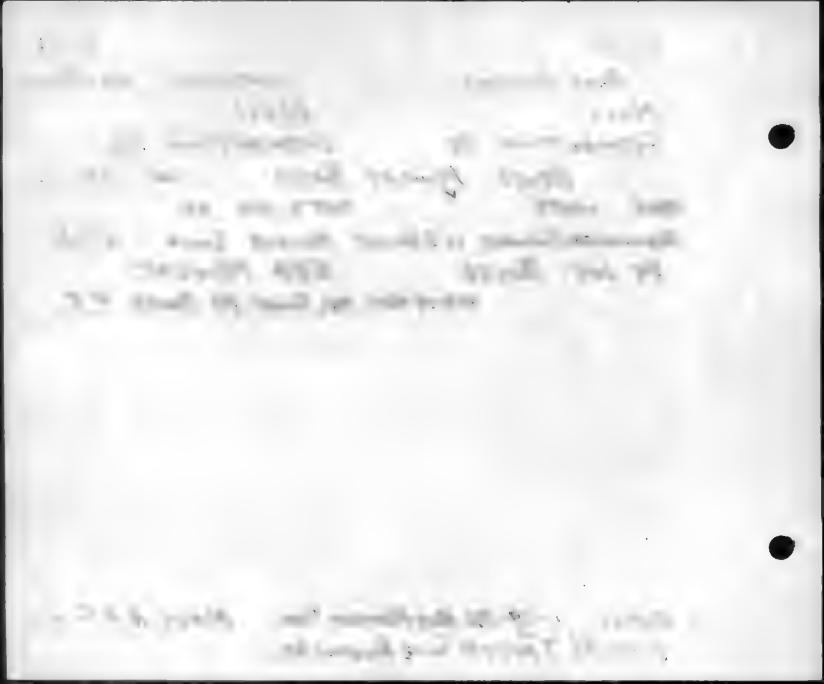
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		MARYLAND STAT	E DEPAR	TMENT OF	HEALTH	
DIVISION OF	STATISTICAL	RESEARCH AND RE	CORDS, 301	W. PRESTON	STREET, BALT	IMORE 1, MARYLAND
19023		CERTIF	CATE O	F. DEATH		00008
LACE OF GEATH		_ttem / raim-			990.40	If institution: Residence before a

1	0000			Tton	POEKTILIO	2312	U. DEA	4 [7]	2.			00	00	
1.	PLACE OF GEAT	Н				777	2. USUAL RESIL	ENCE (Where	deceased lived, If II	stitution:	Residence	before ad	Imission)
	a. COUNTY	rundel [ounty.				a. STATE Maryla				NTY /		. 1-	1
_					MARYLA									
	write RURAL	N (if outside con and give neares	porate limit t town)	is,	c. LENGTH OF STAY I	N 15				orporate limits, w		L and giv	e neares	t town)
	Crowns				18 yrs. 7	mos	Prince	255	Ann	e. Maryl	and/	1. 4		
	d. NAME OF HO	SPITAL OR INSTI	rution (if n	ot in ho	spital, give street edd	ress)	d. STREET ADDR	ESS				8	ON A F	IDENCE
		ville St	ate H	ospi	ital		Unknou	υΠ				١		ND 🗌
3.	NAME OF OECEASED		First		Middle		Last	4.	. DAT	E Mon	th	Day	Yea	ır
	(Type or print)	#11076	Jame	S			Bailey		OEA	и Jan.		29	19	66
5.	SEX	6. COLOR OR R	ACE 7. MA	RRIED.	NEVER MARRIED	8	. DATE OF BIRTH	-	- 1	9. AGE (In years				
1	ale	Negro		DWED [DIVORCED	51				last birthday) 60 yrs.	Months	Days	Hours	Min,
10a	. USUAL OCCUPAT	ION (Give kind of	work done	10b. KII	ND OF BUSINESS OR		11. BIRTHPLACE	(County	y & Sta	te, or foreign counts	y) 12. (ITIZEN	OF WHAT	-
-	ing most of work	ing ilito, even ir i	etirea)	IN	DUSTRY		Unknou	ηΠ				OUNTRY	SA	
13.	FATHER'S NAM	Ē				- 1	14. MOTHER'S N	MAIDEN	NAME			-		
	Unknow	n					1	Jnkn	OME	1				
15	WAS DECEASED	EVED IN IT & ADM	FD FORCES?	1 16 9	OCIAL SECURITY NO.	17	INFORMANT			Addre			-	
(Ŷi	s, no, er unkown)	(If yes give war or o	lates of service) 10.3	OUNCSECORITING.	17.		1	0		199			
_				لمل	споып		Hospit	rST.	KEC	erus				
				e per lir	ne for (a), (b), and (c).	-							RVAL BET ET AND E	
	PART I. DI	EATH WAS CAUSE IMMEDIATE C	D BY: MISE (a)		Termi	nal	Preumoni	ia				4	day	
	11 :		DUE TO				11							
	Conditions, If	any, which \		Ari	terioscler	a ti	c Heart l)ise	256			У	ears	3
	gave rise to	Immediate ((b)									-		
	cause (a), si underlying caus		DUE TD											
N.			(c) _	MTpIRHI	TING TO DEATH BUT NO	TDELAT	ED TOTHE TERMIN	AL DICE	ACECC	NOTION CIVEN II	DART 1/a	119.	WAS AU	TOPCV
SATIO	TANT III OTHER	orditti lovitti coli	DITIONS ODI	WIKIDO	THE TO DEATH BUT NO	1 KELMI	ED TO THE TERMIN	IMCD 12E	MOEUC	MULTION GIVEN II	ITMNI 1(4,	YE	PERFORI	MED?
F	20a ACCIDENT	WAS HAIDED! VIA	ic D	noh Di	ESCRIBE HOW INJURY	000111	DED /Fatar natus	o of Indi	uvu la	Part Lor Part II	of Ham 1	1 =	>	NO XI
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYIN ING CAUSE OF TIFY MEDICAL EX	DEATH (AMINER)	200. D	ESCRIBE HOW INJURI	UCCUI	KED. (EIIKET HAIMI	o or min	uty III	Part I UI Part II	oi item 14	5.)		
		INJURY Month.		20d. IN	JURY OCCURRED 120	e. PLAC	E OF INTURY/Hom	e. farm.	20f.	(City or town)	70:0	unty)	(S	tate)
MEDICAL	Hour_a.r	Un -		While-		factor	E OF INJURY (Hom y, street, office bid	g., etc.)	2011	(010) 01 (0111)	,00		,,	,
2		/-/			d the deceased from	m	5/4	, 194	A. t	0 1/29/	196	6 th	at (I) (w	re) last
	saw the de	ceased ahve qu	1/29	///			death occurred	a3:4	QM.	from the causes				
	22a. GIGNATO	RE / //	5	11/	11				1,		22b.	DATE SIG	NED	
	VIIN	3/11/11	Mark	11/4	Xh	M,D,	ATTENDING PHYS.	MED	ECTOR	STAFF PHYS.	2/	2/68	3	
	ZZC. PHYSICIA	IN'S Y	my H	17	11 :	111,10,	22d. ADDRES	S	LOTON		1			
	NAME (t	Pelanel I	1cHenz	Ly M	app. M.D.		Crowns	vill	e 9	State Hos	soita	1		
23a	. BURIAL, CREW		ATE THEREO		23c. NAME OF CEM	ETERY				LOCATION (City,			(St	ate)
	Removal (Spe	eclfy)	/66		Univers					ltimore.			ryla	
24	FUNERAL DIRE		7 00		ADDRESS	Luy	(25a,	REC'D	BX.RF	GISTRAR L.25b				TILL
			0 1/				234.	FEB	7	GISTRAR 25b.	EQUSTRAF	A CONTRACTOR	The state of the s	~~
1 (1	lm Reese	11 - 10	ia w.	Wasi	nington St	AI	THE DATE		•	/		- (/	-3	

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death PLACE OF BEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY ve carbon papers. Pages 1 event, within 72 hours after MARYLAND TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR c. LENGTH OF STAY IN 1b write RURAL and give nearest town completely filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO T executed within 3. NAME OF First Middle Month Day Year DATE DECEASED OF 1966 NEAK (Type or print) DEATH 5. SEX 6. COLOR DATE OF BIRTH 9. AGE (In years | IFUNDER 1 YEAR | Iast birthday) | Months | Days IF LINDER 24 HRS. remove NEVER MARRIEO Hours in any SE and WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT hysician pease r & State, or foreign country) law requires that the death certificate be KADIOLOGICAL CNGINEE FATHER'S NAME 14. the attending rem 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? INFORMAN 16. SOCIAL SECURITY NO. 1 17. permit. 70 (If yes give war or dates of service) burial-transit pern burial, cremation, INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH FUNERAL DIRECTOR: After this certificate has been signed by irector, page 3 should be detached for use as the burial-transi hould be filed with the State Dept. of Health prior to burial, crem PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last, (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO I YES . 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 120e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. 19 at work 21. I certify that (I) (this hospital) attended the deceased from he causes and on the date stated above. and that death occurred at: saw the deceased alive on 22b. DATE SIGNED 22a, SIGNATURE MED. STAFF ATTENDING M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 2 FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 15M 4-64



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. SECRETARIOS SERVICES b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) 교수 write RURAL and give nearest fownly 97 da ew Acr d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO X and completely f carbon papers. I nt, within 72 hou DATE 3. NAME OF Middle Month Day Year DECEASED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months WIDOWED [DIVORCED physician remove 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Carpen 13. FATHER' NAME please 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive war or detes of servica) 2/8-05-0 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY, RESPIRATE peubis DUE TO Conditions, if eny, which has bee e burialgave rise to immediate cause (a), stelling the underlying the bu burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 116-)1 19. PERFORMED? CERTIFICATION 50 NO [957 prior 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) this a d for Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While o, Hour a.m. et work et work 1960 to 1/41/1....... 1966, that (I) (we) lest .19.66, and that death occurred av 0.49M, from the causes and on the date stated above. saw the deceased alive on. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. death. Page 4 M.D. irector, page e filed with the 226 PHYSICIAN'S NAME (Type) 22d. ADDRESS 23a, BURIAL, CREMATION, | 236 CEMETERY OR CREMATORY 23d. LOCATION (City, town or count (State) REMOVAL (Specify) 0.52 250. REC'D BY REGISTRAT \$256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death: PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. CDUNTY b. CITY OR TOWN (if outside corporate limits, C. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pag write RURAL and give nearest town) oon papers. Pag within 72 hours hours filled in MILLERS VILLE 3 WEEKS
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? NO etely NAME OF Middle Month Year Day DECEASED 1966 (Type or print) CKETT DEATH IGNONETTE ZAKETH executed 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR last birthday) | Months 1 Days MARRIED I NEVER MARRIED [Months i Davs Hours WIDOWED 🔀 CAUCASIAN DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and COUNTRY? HOUSE WIFE WAYNE PENNSYLVANIA U.S. (0. certificate MOTHER'S MAIDEN NAME removal attending parmit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) | (If yes give war or dates of service) death transit perm cremation, the INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] has been signed by t e as the burial-transit h prior to burial, crema PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). LMONARY 100 **DUE TO** CONGESTIVE HEART FAILURE WEEKS Conditions, If any, which (b) gave rise to immediate **DUE TO** cause (a), stating the CLEROTIC HEART underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY for use Health this certificate hetached for use to Dept. of Health PERFORMED. CERTIFICATI ERECRAL THROMBOSIS YES [NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCCUPANT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) DAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State I factory, street, office bldg., etc.) MEDI Hour a.m. After d be d Not While at work p.m. at work retained 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the saw the deceased alive on JAN 19 6 b., and that death occurred at Z M, from the causes and on the date stated above. DATE SIGNED 22a. SHUNATHRE ATTENDING X page PHYSICIAN'S DIRECTOR Page 4 may D HOSPITAL director, pa ADDRESS 22c. 22d. EDGENATER, CALCENT. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) Prince Georges Cemetery buria REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Hines washington. VR #15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



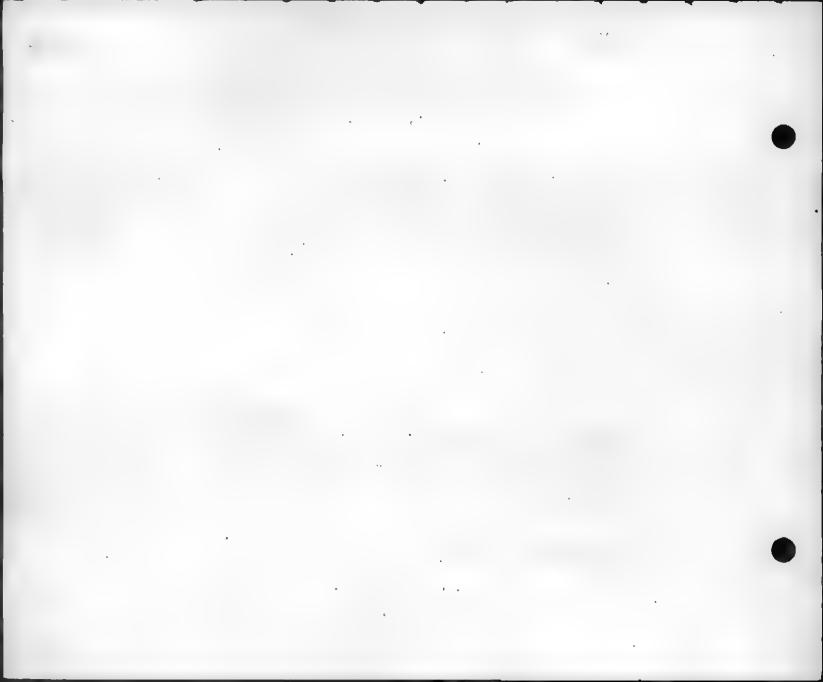
TO DUTINE OR NITERAING PRYNIAM. The liw raquires that the death certificate lie executed within 24 hours after duath.

Page 4 may be retained by the hospital or attending physiciam. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AIS (4) 20M 1/65

	· · · · · · · · · · · · · · · · · · ·				-	
	MAR	YLAND STATE D	EPARTMENT	OF HEALTH		
DIVISION OF	STATISTICAL RESE	ARCH AND RECOR	DS, 301 W. PRES	STON STREET,	BALTIMORE 1,	MARYLAND
ODDES OF		CERTIFICA	TE OF DEA	TH		0009
PLACE OF DEATH						o Decidence before adm

UU	1220				CEKIIFIC	JAID	: UF DEATH					U	000	15
1. PLAC	E OF DEAT	1		_		- 1	2. USUAL RESIDENC	E (W)	ere dec	eased lived. If in	stitution:	Residence	before ad	mission)
	UNTY				County MARYL	AND	a. STATE Mar	yla	nd	b. COU	MOI	ntge	mery	/
b. Cl	TY OR TOW rite RURAL	N (if outside and give ne	corporate la arest town)	imits,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		sville			3Yrs. 3 m	ins.				,				
					hospital, give'street ad	dress)	d. STREET ADDRESS					(ON A F	DENCE ARM7
		sville	State	2 108	spital	- 1	Brodwin	אר	d.			1	res 🗌	NO 🗌
3. NAME OECE (Type	ACED	#23500	First	,	Middle Lawrence		Last Booth	1	DATE OF OEATH	Jan.	h	Day 5	Yea 196	
5. SEX	or printy ,	6. COLOR O		MARRIEC		1 8			19.	AGE (In years	IFUNDER			
M		Negro	1	MARKIEL			1/16/1894		3.	last birthday)	Months	Days	Hours	Min.
10a. USUA during mo	LOCCUPAT	ION (Give kin ing life, even	d of work don	e 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (Co	unty &	State,) 12. 0	ITIZEN	OF WHAT	
	arm H		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Maryland					OUNTRY	5A	
13. FATI	HER'S NAM	E					14. MOTHER'S MAIO	EN NA	ME					
	Inkno						Maggie Bo	oot	h					
15. WASI	DECEASED I	VER IN U.S. A	RMED FORCE	S? 16	. SOCIAL SECURITY NO.	17.	INFORMANT			Addre	SS			
no		(11 Jeagare ale	2 of DRCC2 01 951	1100)	Unknown	H	ospital Red	cor	ds					
18.	CAUSE OF	DEATH [Ente	r only one ca	use per	line for (a), (b), and (c).	1						INTE	RVAL BET	WEEN
		ATH WAS CA	USED BY:		irculatory		lure					ONS	ET AND D	EATH
	•		E CAUSE (a).		220020029	T tol ule						-		
			DUE TO	0			Unnah Dana							
		any, which immediate	(b)_	ALG	<u>eriosclero</u> t	11.C	uearr Araes	986				_		
cause (a), stating the DUE TO										-				
underlying cause last. (c) General Arteriosclerosis														
PART	PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Chrinic brain Syndrome sec. to General Arteriosclerosis YES NO													
E 200	PUL I	C DIS	in by	laro	DESCRIBE HOW INJUR	uen.	eral Arter	105	CTB	rosis	£ 84 2.6		\$	40 🗌
PART 20a. OR CI (IF E	ONTRIBUTI	WAS UNDERING [] CAUSE	OF DEATH L EXAMINER	206.	DESCRIBE HOW INJUR	1 00001	KED. (Enter nature of	mjurg	n Pa	rt i or Part II c	of trem 15	5.)		
를 2Dc.	TIME OF I	NJURY Mon	th, Day, Yea	r 2Dd.	INJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, fa	rm,	20f. (City or town)	(Co	unty)	(Si	tate)
MEDICAL	Hour a.n		40	While	Not While	factor	y, street, office bldg., et	tc.)						
	P.II		12 1 2 2	at wor		7	/20/	1		3 / = /	100	C "	1 (1) (
1 1			** 9	1) attent /5/	ded the deceased fro		/ 20/	36	_, 10_	1/5/	, 195	ال بــــ	at (I) (w	e) last
200	SIGNATUR	eased alive	on	7		d that	death occurred at 9		M, Tro	m the causes		the dati		above.
	alin 1	a Alle	PRIN	Wa	h		ATTENDING TO	MED.	_	STAFF			HED	
220.	DUVELOU	WE OF THE	-wy	IV	1m	M.D.	PHYS. X	DIRECT	TOR _	PHYS.	[LL/E	/66		
220.	PHYSICIA NAME (T)	pe) ⊟∃	ldanar	de H	L. Reissman	M.C	22d. ADDRESS	vi.	lle	State h	lospi	ital		
23aBUf	HAL CRÉM	ATION 1 23b					OR OREMATORY			CATION (City, to			(Sta	ite)
REI	MOVAL (SDE	clfy)	7-66		U. June . U	العما	Shool	1	3 9	Himon	P.M	1.	,	
24. FUN	IERAL DIRE	CTOR			ADDRESS		25a. REC	'D BY	REGIS	TRAR 25b. R	EGISTRAR	'S SIGN	ATURE	
Wn	Trea	24.	108	WW	Jaslangtens	1	MA DATEAN	1.	0 19	366 20	worl	J.	edge.	



		DIVISION OF STATISTICAL 00094	MARYLAND STATE DEF RESEARCH AND RECORDS CERTIFICATI	, 301 W. PRESTON STI		TARYLAND				
10 30	1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (When	re deceased lived, If Institution: R	esidence before admission				
J		ne arundal Sounty	MARYLANO	a. STATE ry at	b. COUNTY					
1	3111	b. CITY OR TOWN (if outside corporate lim	nits, c. LENGTH OF STAY IN 15		corporate limits, write RURAL	and give nearest town)				
J		write RURAL and give nearest town)		Baltimore,	Maryland	21/				
1		d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street address)	d. STREET ACORESS	aryzanu	e. IS RESIDENCE				
٠			"capital_	1 44 0. Regi	-+ +	ON A FARM? YES NO				
ı	3.	NAME OF First	Middle		ATE Month	Day Year				
١		OECEASED (Type or print) 79~32 (hrj	tine	Bos ell 6	EATH J.M.	19 56				
1		SEX 6. COLOR OR RACE 7. M	IARRIEO 🗍 NEVER MARRIEO 🔀 8	B. DATE OF BIRTH	9. AGE (In years IF UNOER last birthday) Months	1 YEAR IF UNDER 24 HRS				
1			IOOWEO DIVORCED	6/12/1912	53 yrs. Months	Days Hours Min.				
ı	10a	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KINO OF BUSINESS OR	11. BIRTHPLACE (County & !	State, or fereign country) 12. C	ITIZEN OF WHAT				
1		Housewife FATHER'S NAME		North Carol:						
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E					
-		Juhn umith		Lucillian Boswell						
1	15. (Ye	. WAS OECEASEO EVER IN U.S. ARMEO FORCES s, no, or unknown) ((If yes give war or dates of service	? 16. SOCIAL SECURITYNO. 17.	INFORMANT	Address					
ı	(• •	The state of the s		dospital Recor.						
1		18. CAUSE OF DEATH [Enter only one cause	se per line for (a), (b), and (c).]	00011111		INTERVAL BETWEEN				
1		PART I, DEATH WAS CAUSED BY:	Coronary Occio	cina		ONSET AND DEATH				
1		IMMEDIATE CAUSE (a)	,							
		Conditions If any which 1	Hypertension .	- Arterioscler	rtic Ju ila					
		gave rise to immediate (
		cause (a), stating the OUE TO underlying cause last.	Vascular Dise	0.50						
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO OFATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY				
	CAT					PERFORMEO?				
1	트	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury	In Part I or Part II of Item 18					
	CERTIFICATION	20a. ACCIOENT WAS UNDERLYING IT OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
		20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 120e. PLAC	CE OF INJURY (Home, farm, 20	of. (City or town) (Cou	enty) (State)				
	WEDICAL	Hour a.m.	Willie - Not walle -	ry, street, office bldg., etc.)						
	≥	p.m. 19	at work at work	6/03/ -6	.1/7/	2 (1 1 (1) (1) (1)				
		21. I certify that (I) (this hospital)	accounted the acocases moni-	6/33/ , 19 0	to	that (I) (we) last				
		saw the deceased alive on 1/7/2228, SIGNATURE	1955, and that	death occurred at-	, from the causes and on t	ne date stated above				
		Willes	(114) -	ATTENOING MEO.	3 /5	7/:6				
		22c. PHYSICIAN'S	M.D	LOGA ABORCOS		7				
	i	NAME (Type) [/ Inedict	ty Tall	Jr or vill	e State No in	tr. ?				
	23a	BURIAL, CREMATION, 23b. OATE THERE	EOF 23c NAME OF CEMETERY	OR CREMATORY 23d.	LOCATION (City, town or con	inty) (State)				
	K	REMOVAL (Specify) 1-10-6	6 MATAR TIME	Man D h =	/	1111				
13	24.	FUNERAL DIRECTOR	AODRESS	25a. REC'O BY F	REGISTRAR 255. REGISTRAR	S SIGNATURE				
1		Elway C. 12	Isom 1000 Brasile	lay June DATE JAN 1	A 1966 PElia	Na Ouza				
				7 /U V PAIL UNIT	0000					

VR A15 (4) 20M J/65

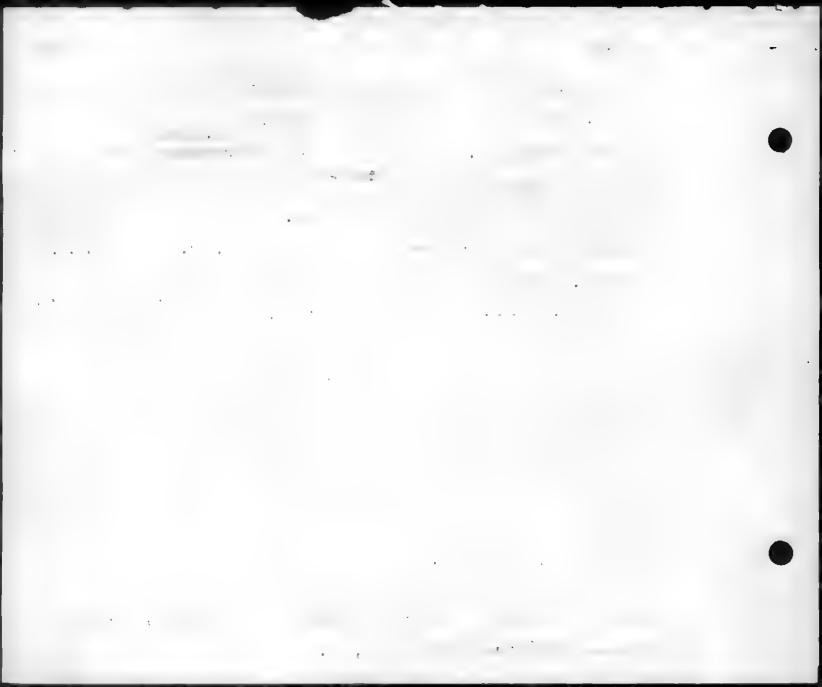


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. thin 24 hours after death. TO MOSPITAL OR ITTERMING PHYSICIAN. The lam requimes that the death cartificate be exempled as may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
U0094

4	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
1	Anne Arundel MARYLAND	a. STATE b. COUNTY Marviand Anne Arundel
ľ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	Glen Aurnie	Pasadena 02-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS Smallwood 0. IS RESIDENCE ON A FARM?
1	North Arundel Hosp.	306 Fort Anakkman Road YES NO X
Т	3. NAME OF FIRST MIDDLE	Last 4. DATE Month Day Year
1	(Type or print) CAROLYN LORETTA	BREIGHNER DEATH January 6 19 66
ľ		DATE OF RIGHT
ı	F MIDDWED DIVORCED 7	iast birthday Months Days Hours Min.
Ţ	10a. USUAL OCCUPATION (Give kind of workdone, 10b. Kind of Business or	31 Dec. 1926 39 yrs.
1	during most of working life, even if retired) INDUSTRY	COUNTRY?
-	Housewife Own Home	Glen Burnie, Md. U.S.A. 14. MOTHER'S MAIDEN NAME
	Henry T. Knaus	Frnastine Kisser
1	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((If yes pive war or dates of service))	INFORMANT 102 Second Ave.
1		ldrad I. Andretta (sister) Glef Gurnie
ľ	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: MANAGER COA	object Homorphial ONSET AND DEATH
1	IMMEDIATE CAUSE (a) // CRUSTOPE CAUSE	evial from for
1	Cenditions, If any, which \ DUE TO	anastandaria montes
1	gave rise to immediate	penenco a
ı	cause (a), stating the DUE TO	
1	underlying cause last.) (c).	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	PERFORMED?
٠,		YES NO
	PARTIL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF T	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
		E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
1	Hour a.m. While - Not While - factor	y, street, office bldg., etc.)
1		
1	21. I certify that (I) (this hospital) attended the deceased from	7-5, 1900, to 7-6, 1966, that (I) (we) last
1		death occurred at M, from the causes and on the date stated above.
	22a. SIGNAFORE	ATTENDING MED. STAFF 22b. DATE SIGNED
1	22c. PHYSICIAN'S USE U DEGISTRA M.D.	PHYS. DIRECTOR PHYS. 1000. 6 1966
1	22c. PHYSICIAN'S NAME (Type) 6	22d. ADDRESS
1	Limes H. Leipold 14.D.	Hrundel Med. Group, Glen Purnit, Ma.
	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	
	Burlal (Specify) 1/10/66 Cedar Hill Ce	
1	24. FUNERAL DIRECTOR ADDRESS	252. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Singleton Fineral Home/ Glen Surnie. M	1d. John I I 1966 Chamber Judge

VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then preset remove carbon papers. Pages 1 and 2 should be alled with the State pept, of Health prior to burial, memation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

(10)95 00096

Y	1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, Ill institution: Residence before admission o. STATE b. COUNTY								
J'	Anne Arundel MARYLAND	Maryland Anne Arundel								
	b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)									
	Annapolis Milis.	Annapolis /								
,	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 8. IS RESIDENCE DN A FARM?								
- 1-	Anne Arundel General Hospital	111 Northwest St., YES NO X								
1	3. NAME OF BECEASED First Middle BECEASED (Type or print) Henrietta HIII 1	Lest 4. DATE Month Day Year								
-	(1) po 01 print) 110111 1100000	BUMBRAY DEATH January 11 1966								
ľ	7. MARKIED NEVER MARKIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24HRS. last birthday) Months Days Hours Min.								
_	Female Negro WIDOWED DIVORCED	Aug. 30, 1879 80 yrs.								
1	LOB. USUAL OCCUPATION (Give kind of work done luring most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
	Domestic ************************************	Maryland U.S.								
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
	Charles Hill	Susan Boston								
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address								
ľ		ola Jackson-Ill Northwest Annapolis, Md.								
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH								
	PART I. DEATH WAS CAUSED BY: (O concery c (mess frees). About 1 hr.									
	Conditions, If any, which \ (b) Cur Perox cl	ecote shypertensive 7-10420.								
	gave rise to Immediate Cause (a), stating the DUE TD									
	underlying cause last. (c)									
3	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTDPSY									
, 3	Make te ? melle tend yes ND									
Acornicac										
3	= factor	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ry, street, office bidg., etc.)								
5	Hour a.m. While Not While p.m. 19 at work at work	J, Street, Wille Blug., etc.,								
1	21. I certify that (I) (thischostoral) attended the deceased from	April 1960 to Jan. 11 1966 that (1) 0000 last								
		death occurred atM, from the causes and on the date stated above.								
	22a. SIGNATURE	1 A I () LOS I DON DATE DIONED								
	July W. allen M.D.	ATTENDING MED. DIRECTOR PHYS 12-66								
	22c. PHYSICIAN/S 22d. ADDRESS									
	NAME (Type) Faye W. Allen, M.D.	62 Cathedral St., Annapolis, Md.								
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)								
	Burial Jan. 14-66 Pine Lawn Men	porial Bestgate Rd. Annapolis, Md.								
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
5	C.E.Hicks lll Annnapolis, Md.	Date N 17 1966 Pelianles Judge								
=										

VR A15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after depth.

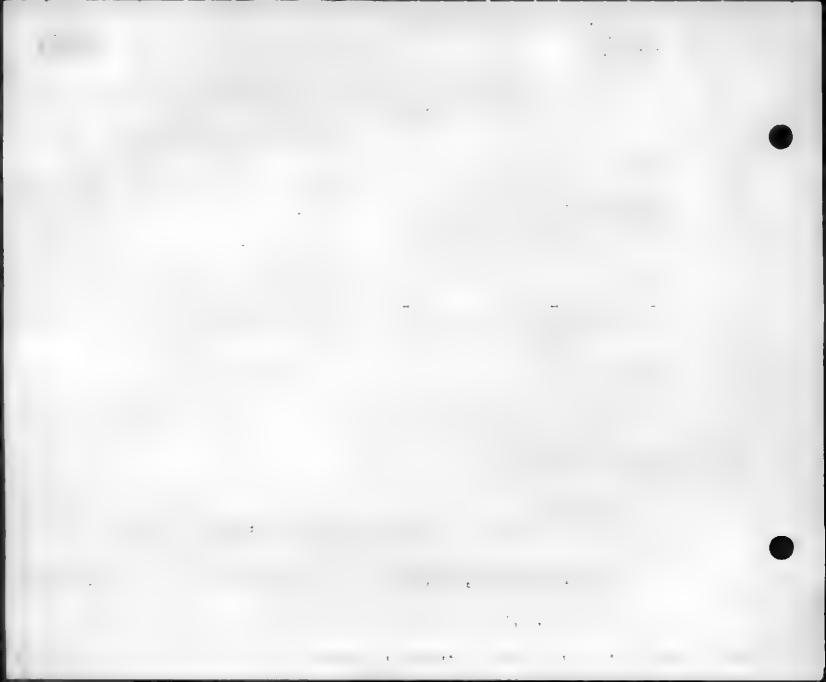
4	DIVISION	OF STATISTICAL	RESEARCH AN	D RECORD	S, 301 W. PRESTO	N STREET, BAL	TIMORE 1,	MARYLAND
1	00097	T.	CEF	RTIFICAT	E OF DEATH	ł		01640
A	PLACE OF DEATH a. COUNTY	l County		MARYLAND	2. USUAL RESIDENT	yland	ed, If institution: b. COUNTY	Residence before admission)
		foutside corporate limi give nearest town)		OF STAY IN 1b	Baltimore		mits, write RURA	L end give nearest town)
1		ator institution (if its State Hos		street eddress)	d. STREET ADDRESS	Cold Sprin	g Lane	e. IS RESIDENCE ON A FARM? YES NO 🔀
	NAME OF DECEASED (Type or print)	First Eff:		lddle	Burgess	4. DATE DF DEATH	Month 1	79 Year 30 19 66
			RRIED NEVER	MARRIED [8. DATE OF BIRTH 2/10/19/4/ 93	9. AGE (in last bit	rthday) Months	R 1 YEAR IF UNDER 24 HRS
au	a.USUALOCCUPATION ring most of working I lousewife	(Give kind of work done life, even if retired)	10b. KIND DF BUSI INDUSTRY	NESS OR	11. BIRTHPLACE (CO	ounty & State, or foreign	n country) 12, (CITIZEN OF WHAT
13	. FATHER'S NAME	rells			14. MOTHER'S MAIL	en name		
1	S MAS DECEASED EVEN	IN U.S. ARMED FORCES? res give war or dates of service	Unknown	JRITYNO. 17.	Hospital Re	ecords	Address	•
	PART 1. DEATH	H [Enter only one caus WAS CAUSED BY: IMEDIATE CAUSE (a)	per line for (a), (b Cardi), and (c).) orespir	atory Failu	ıre		INTERVAL BETWEEN ONSET AND DEATH ? MODULES
	Conditions, if any, which gave rise to immediate (b) Status Epilepticus							? minutes
-	cause (a), stating the DUETO Chronic Brain Syndrome Associated with underlying cause last. (c) Transmatic Epilensy							
CERTIFICATION		IFICANT CONDITIONS CO	NTRIBUTING TO DEA	TH BUT NOT REL	ATED TO THE TERMINAL O	DISEASE CONDITION G	IVÊN IN PART 1(a)	19. WAS AUTÓPSY PERFORMED? YES NO
	20a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY	UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY DCC	URRED. (Enter nature of	Injury in Pert I or P	art II of Item 11	8.)
MEDICAL	20c. TIME OF INJUI	RY Month, Day, Year	20d. INJURY OCCU While Not Whi at work at wor	ile facto	CE OF INJURY (Home, fa ory, street, office bidg., e	rm, 20f. (City or t	own) (Co	unty) (State)
	21. I certify the saw the deceas	at (I) (this hospital) a		eased from	7/4/ , 19	9.59 to 1/3 1:4M. from the o	O/, 19_	66, that (I) (we) last the date stated above.
	22a. SIGNATURE	Neuc	uxhl	M.I	ATTENDING	MED. STAF	22b.	DATE SIGNED
-	22c, PHYSICIAN'S NAME (Type)	L. Benedic				sville St		
23	BURIAL, CREMATION REMOVAL (Specify)	11/6/6	6 mi	Kirar		laa,	Colty, town or co	ma
1	Willist & 1	chokeon 1	12971G	proline	V// FF	B 8 1966	25b. REGISTRAR	SIGNATURE CONTRACTOR

MARYLAND STATE DEPARTMENT OF HEALTH

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH derth. funeral after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY 2 STATE Pages 1 urs after ANNA ARUNDEL MARYTAND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) bmove carbon papers. Pag any event, within 72 hours SELS Mitchelville FORT G G MEADE l day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? 10 Park Drive Sherwood Mannor NOT KIMBROUGH ARMY HOSPITAL YES within NAME OF Middle Last Month Day Year 4. DECEASED (Type or print) Jan 18 Girl Byrum DEATH 19 66 Baby executed 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH 9. AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months Davs Hours Female Cauc Jan 16.66 WIDOWED DIVORCED T nding physician Then please re removal, and in and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? death certificate be NA Na Anna Arundel. Md USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Diane Cooper Larry S Byrum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attend t permit. 9 (Yes, no. or unkown) | (If yes nive war or dates of service) Father cremation, Same As Item # 2 INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] certificate has been signed by the hed for use as the burial-transit it, of Health prior to burial, cremaint. ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
- IMMEDIATE CAUSE (a) hospital or attending abysician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES -NO PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING IT DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) r this certifi detached for te Dept. of I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) WFDICAL (County) 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While FUNERAL DIRECTOR: After irector, page 3 should be disold be disold be filed with the State Page 4 may be retained by p.m. 19 at work at work _ to Jan 18 1966 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred all Ola Mrom the causes and on the date stated above. 66 saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF PHYS. ما M.D. PHYS. PHYSICIAN'S 22d. ADDRESS director, p FRED M NOMURA, CAPT, MC MEADE, MD 20755 NAME (Type) AH FT G G 23c. NAME OF CEMETERY OR CREMATORY (State) BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 Jan.20.1966 ARLINGTON NA TIONAL BURTAI CEM ARLINGTON REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** 25a. 25b. VR A15 (4) Harold S. Wade. 550 Wash. Blvd., Laurel, Maryland 15M 4-64

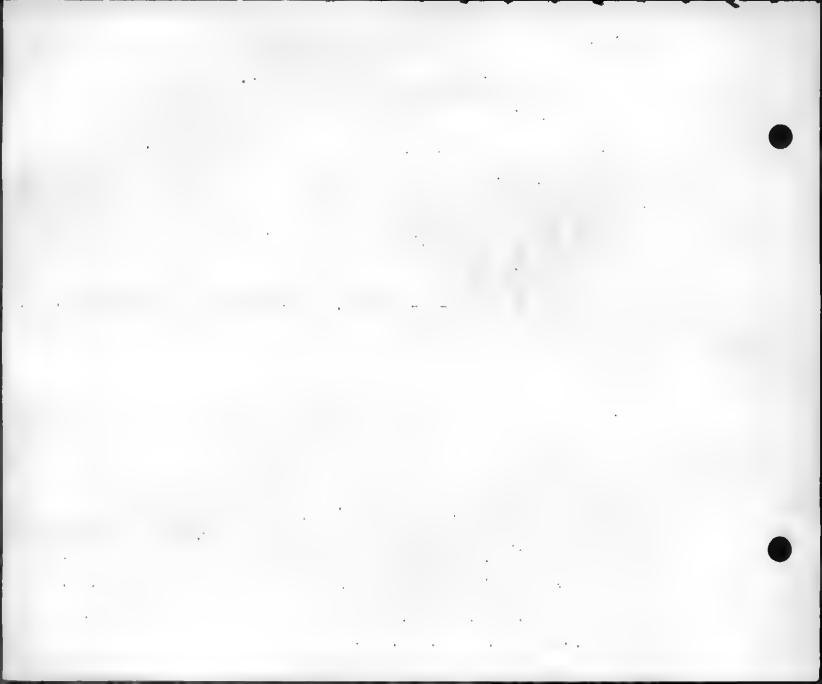


TO FUNERAL GIRECTOR: After this certificate has been signed by the attending obvision and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Gept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH ISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00099 CERTIFICATE OF DEATH									10097		
1.	PLACE OF DEAT a. COUNTY	Н			- 11		E (Where deceased I	ived, If institu		ce before admissi	ion)
nne Arundel MARYLAND					1110.						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Annapolis						Baltimore :					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)						d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
nne Arundel General Hospital						5401 (atalpha	Rd.		YES NO	_
3.	NAME OF DECEASED	Fi	rst	elbbiM		Last	4. DATE OF	Month	08		_
_	(Type or print)	_ Marga	aret	Leper		CHENOWETH	OFITH A	nuary		14 19 66	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH	9. AGE	(In veacs LIE	UNDER 1 YEA	R IF UNDER 24 H	
Female White WIDOWED OIVORCED June 21, 1877 88 yrs. Months Days Hours Min.											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) 10b. KIND OF BUSINESS OR during most of working life, eyen if retired) 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY?											
Housewife Own Home Maryland USA											
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME // DO DOWN											
Ludwig Lepper Unknown											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, gramkown) (If yes give war or dates of service)											
No 218-12-3068 Mr. George (henoweth 2345 Harford Rd.											
	18. CAUSE OF	DEATH [Enter only on	e cause per line	o for (a), (b), and (c).]			000			ERVAL BETWEE	
	PART I. OI	EATH WAS CAUSED BY IMMEDIATE CAUSE		reprod Vo	is Co	eley a con	Lout		25	ISET AND DEATH	1
	331	X OUE									
	Cenditions, If	1	(b)								
	gave rise to										
	cause (a), so underlying cause	raring the f	(c)								
NOI	PART II. OTHER	SIGNIFICANT CONDITIO		ING TO DEATH BUT NOT R	ELATE	EO TO THE TERMINAL D	ISEASE CONDITION	IGIVEN IN PA	RT1(a) 19		ŞΥ
CAT									1	PERFORMED?	5
HE	20a. ACCIDENT	WAS UNDERLYING	Injury In Part I or	Part II of I		- L	KT				
CERTIFICATION	OR CONTRIBUTI	ING CAUSE OF DEAT TIFY MEDICAL EXAMIN	TH NER)								
CAL	20c. TIME OF	INJURY Month, Day,	Year 20d. (NJ			OF INJURY (Home, fa		r town)	(County)	(State))
MEDICAL	Hour a.r		While at work	- NOT WHITE	actory,	, street, office bldg., et	(c.)				
2	21. I certify that (I) (this hospital) attended the deceased from 1/4, 1966, to 1/4, 1966, that (I) (we) last										
		ceased alive on	1/14		that d	leath occurred at		Causes an		te stated abov	
	22a. SIGNATU		1 /	- //	11005 0	0	15 ". H.	2	2b. OATE/S	IGNED /	
	Medicand & Hore have an M.O. ATTENDING X DIRECTOR DIRECTOR DIVIS. DIVIS.										
	22c. PHYSICIAN'S NAME (Type) 22d. AOORESS										
	NAME (1)	Richard	1 I. H	ochman M.	D.	59 Fr	anklin St	Ann	apolis	Md.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)											
Burial 1/17/66. Baltimore (emetery Baltimore Md.											
24. FUNERAL DIRECTOR D. L. C. P. L. ADDRESS 252. REG'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE											
Leonard J. Ruck Inc. Balto. Md. 21214 OATE! SO 1000 July Judge											
I DATE. At his I gray											

VR AIS (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if Institution: Residence before education) hours a. COUNTY b. COUNTY by the land 2 seed death. aryland Anne Arund Anne Arundle MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) <u>_____</u> yrs. Hanover Pages Hanover filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS Hanover Md. ON A FARM? Box 20 Hanover Md. letely papers. n 72 hou Race Road Box 20 YES NO T 3. NAME OF Last Middle 4. DATE Year Dav DECEASED comp OF 1966 C Tdell Cook Mabel DEATH Jan. (Type or print) and cor carbon tr, withir 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months event Min. Hours Female COLORED WIDOWED IX DIVORCED [physician DOVE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad)
HOUSEWITE Laurel Prince Geo. Md Home please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pue Thomas K. Simms Mamie E. Dublin aftend hen loval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Routedon 2 (Yes, no, or unkown) (If yes give war or dates of service) physician. Νo None Frank Hebron permit. anover. Md has been signed by the burial-transit permit, urial, cremation, or ren 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a aftending **DUE TO** Conditions, if any, which gave rise lo immediale cause **DUE TO** (a), steting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a); 19. WAS AUTOPSY Se 2 CERT. FICATION PERFORMED? esn prior NO [R: After this ce detached for u it, of Health pr 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form,) (Stete) Month, Day, Year 20d, INJURY OCCURRED | 20f. (City or town) (County) inclory, street, office bldg., etc.) may be re-DIRECTOR: While Not While Dept. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from 1964, that (1) (we) last 7.1905, and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on., 22b. DATE 22e, SIGNATURE ATTENDING SIGNED death. Page 4 rector, page ifiled with the HOSPITAL DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23s. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LODATION (City, town or county) (State) S. FO REMOYAL (Specify) Rest Camaterv Haxmans 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR VR A15 (4) Herbert E. Nutter 3035 W. North Ave 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



rage 4 may be retained by the nospital of attending physician.

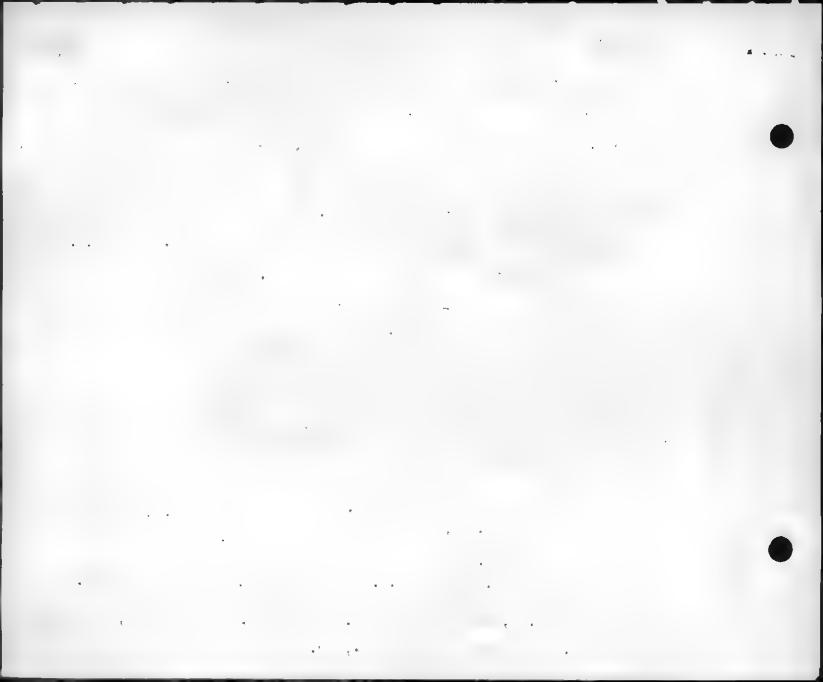
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Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH	00033
1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Reside	nce before admission
a. COUNTY Anne Arundel MARYLAND O. STATE Maryland D. COUNTY Anne A	rundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and write RURAL and give nearest town) c. LENCTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and	give nearest town
Annapolis 8 days RURAL Crownsville 21032	/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
Anne Arundel General Hospital Rt-2, Box-358	YES NO S
DECEASED	ay Year
(Type or print) Leona (none) COX DEATH January J	2 19 66
last birthday) Months Days	
Female White WIDOWED Nov. 15, 1889 76 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Country & State, or fereign country) 12. CITIZE	N OF WHAT
during most of working life, even if retired) INDUSTRY 1/2 - 2 - 2	RY?
Housekeeper Domestie Maryland (Balto.) U.	S.
Fred Steiner 15. WAS DECEASED EVER IN U.S. ARRED FOREST 16. SOCIAL SECURITY NO. 17. INFORMANT (Daughter) Address (Vet No. of Unbown) (Life and the of security) 17. INFORMANT (Daughter) Address	
(Yes, no, or unkown) (If yes give war or dates of service)	e as #2
	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	NSET AND DEATH.
IMMEDIATE CAUSE (a) CONCELLIABLILLE OF STORILLE CAT	a concert was
Cenditions, If any, which }	
gave rise to Immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	9. WAS AUTOPSY PERFORMED?
Mercurgia Mant direct	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 1. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While p.m. 19 at work at wor	(State)
Hour a.m. While Not While p.m. 19 at work at work	
21. I certify that (1) (PAS no pries) attended the deceased from May , 1963, to Jan. 12, 1966,	that (I) 1990 las
saw the deceased alive on Jan. 12, 1966, and that death occurred atM, from the causes and on the d	
22a. SIGNATURE 82 20 AM ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S 22d, ADDRESS	16.60
NAME (Type) Richard I. Hochman, M.D. 59 Franklin St., Annapolis, Mc	l.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
Burial Jan.14.1966 Raldwin Mem. Church Cem. Millersville. Mar	yland
1441 d M 2007	MATURE
Richard V. Singleton Glen Burnie, Md. DATEN 17 1966 for worlden	udge

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 00102 **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. and death and campletely filled in by the funeral remave carban papers. Pages I and jefany event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased fived, if institution. Residence before admission) PLACE OF DEATH b COUNTY Anne Arundel a. COUNTY o STATE Maryland Anne Arundel MARY, AND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 15 months Edgewater. Route #1 Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Annapolis Nursing & Convalescent Center Box 406, H5 YES NO X NAME OF Middle First 4 DATE Manth Year Day DECEASED OF DEATH Martha Ellen Cox 19 66 January (Type or print) SEX AGF (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED **NEVER MARRIED** ast birthday) Manths Sept. 27, 1884 Caus. WIDOWED DIVORCED 12 CITIZEN OF WHAT 10a USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY attending physician permit. Then please and Riva. Maryland U.S.A. own home 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or remaval, Charles Evans Laura Johnson 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na_grunknown) (If yes give war ar dates of service) Mrs.Lillian Adamecz - Loretta Heights, Annapol None INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY: THROM BOSIS IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause be detached for use as the State Dept, af Health priar to last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) DECUBIT NO E O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) factory, street, office bldg., etc.) Hour o.m. 21. I certify that (I) (this haspital) attended the deceased fram... 19 6 that (1) (we) last director, page 3 shauld shauld be filed with the 1966, and that death accurred at 3A M, fram causes and an the date stated above. saw the deceased alive an_ 22a, SIGNAFUR 22b. DATE SIGNED PHYS M.D. DIRECTOR 22d ADDRESS NAME (Type) 230 BURIAL, CREMATION DATE THEREOF 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Gedar Bluff annapolis 24 FUNERAL DIRECTOR 25b 66 REGISTRAR'S SIGNATURE 2Sq. REC'D_BY_REGISTRAR VR A15 (4) 20 M 1/66

Aphapolis, rd.

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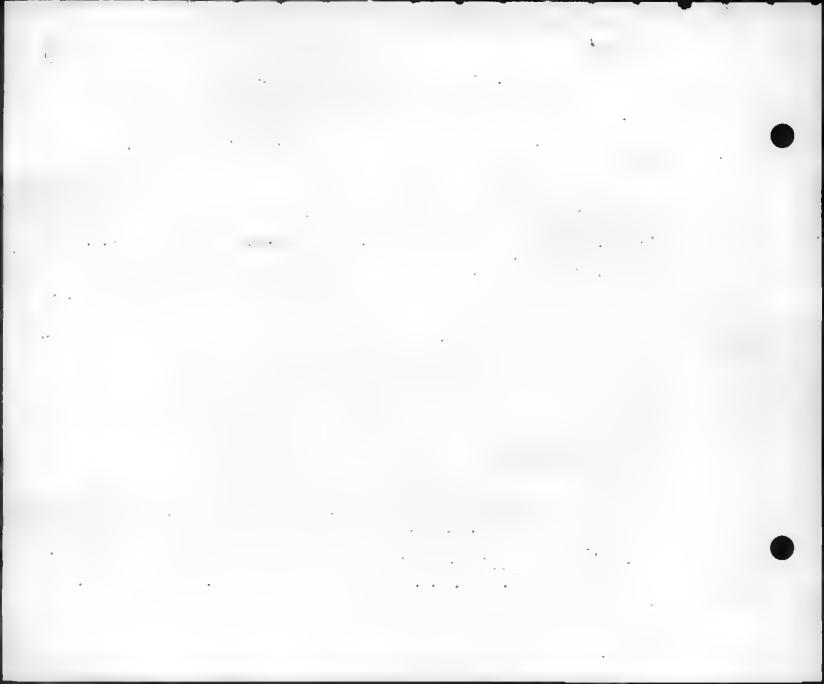


UNERAL DIRECTOR: After this certificate has been signed. Then attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after meath. FOR NUMERICAL OR ATTEMOINE PRYSICIAN: The law requires that the Beats serificats be executed within 24 Bours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
00183	CERTIFICATE OF DEATH	00101

,1. PLACE OF DEATH			II 2 Hellat Decini	CHEE CHILDREN dansard	lined of institutions	Residence before admission)
a. COUNTY			9 STATE		b. COUNTY	residence betate aumission)
	Anne Arundel	MARYLAND	M M	aryland	An	ne Arundel
b. CITY OR TOWN	(if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate	limits, write RURA	L and give nearest town)
Annapol			A.	nnapolis		n
YTTI STOC	ITAL OR INSTITUTION (if not in	baseltat give attent address)	d. STREET ADDRES	4		e. IS RESIDENCE
G. MAIRE OF HOSE	THE ON MISTITOTION (II HOT HI	nospital, give street address)				ON A FARM?
	el General Hospi		11	of Glouce		YES NO KOK
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
(Type or print)	George	Joseph	CROWLEY	DEATH		6 1966
5. SEX 6	. COLOR OR RACE 7. MARRIE	DE NEVER MARRIED	8. DATE OF BIRTH	9, AGE		R 1 YEAR IF UNDER 24 HRS.
			May 15, 18	87 78	oirthday) Months	Days Hours Min.
10a. USUAL OCCUPATIO	White WIDOWE N (Give kind of work done 10b.	KIND OF BUSINESS OR		(County & State, or for		CITIZEN OF WHAT
during most of working	life, even (f retired)	INDUSTRY		*/-	1/	COUNTRY?
1121 101	7161 /7	1. H. CO. COURT	Mar	Time NEW	TORK	.S
13. FATHER'S NAME	1 6 -		14. MOTHER'S MA	AIDEN NAME		. 1
GEORG.	E I CROW	LEY	FRAN	CES IV	PARROL	
15. WAS DECEASED EVI	ER IN U.S. ARMED FORCES? 10	6. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
(Yes, nd, or unkown) (1	f yes pive war or dates of service)	M	RS. ISAI	BELLA (ROWLE	Y #2
18. CAUSE OF DE	ATH [Enter only one cause per	line for (a), (b), and (c),]				INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:	1 = A = 1 4	11	/		ONSET AND DEATH
1/2-1	IMMEDIATE CAUSE (a)	Wernery L	ur myo	ere		29/11/25
7 % /	DUE TO	1. (h 1	75.	m		// .
Conditions, If any		Chriscollynic) leist	All108-81	el	UNKNOWN/
gave rise to in cause (a), stati				1000		
underlying cause I						
8 PARTIL OTHER SIG	NIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINA	L DISEASE CONDITIO	NGIVEN IN PART 1(a)	19. WAS AUTOPSY
ATI						PERFORMED?
2						YES ND XX
PART II. OTHER SIG	AS UNDERLYING [] 20b. I [] CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature	of injury in Part I o	r Part II of Item 18	8.)
₹ 20c. TIME OF INI	URY Month, Day, Year 20d.	INJURY OCCURRED 12De. PLA	CE OF INJURY (Home	farm, 20f. (City	or town) (Co	ounty) (State)
20c. TIME OF INJ Hour a.m. p.m.	While	facts	ry, street, office bidg	., etc.)	,, (00	,and,
₩ p.m.	19 at wo					
21. I certify t	that (I) (this besultable atten	ded the deceased from	116	1966 to J	an. 6_, 196	6_ that (I) (was) last
saw the decea	ased alive on Jan	6, 19.66, and tha			e causes and on	the date stated above.
22a. SIGNATURE		7 -7	9:			DATE SIGNED
1	200 - 14	10h 10 1	ATTENUING	MED. S	TAFF	0-16
22c. PHYSICIAN	ellerance!	MI.I), PHYS. <u>K.X.</u> 22d. ADDRESS	DIRECTOR P	HYS. / T	7-69
NAME (Type	i	k. M.D.		lelin Ct	Annanalia	Mal
	' Edward S. Becl			klin St.,	minghorrs,	riu.
23a. BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town or co	ounty) (State)
BUNIAL (Special	" 1-10-66	ST. MARV'S	(EM	ANN	APOLIS	MD
24. FUNERAL DIRECT	OR	ADDRESS		REC'D BY REGISTRAR	1 25b. REGISTRAR	S SIGNATURE
Janua 11	Talk 00 0. 10	n many c	11 m 11	N 1 1 1986	I Trope?	7 . 14
HOMN IN	TWANTON JONS 1	HUNAPOLIS /	DATE	14 T T T 1000	111	7 7 -
						7.7

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Two-fur-one Film G572 1/14/66 mh

CERTIFICATE OF DEATH 1/ PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) - COUNTY **b.** COUNTY Anne Arundel MARYLAND Maryland Anne Arundel b. CITY OR TOWN ('f outside corporate l'mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest tow write RURAL and give nearest lown) GlenBurnie Pasadena (Brookfield on the Magothy) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address . IS RESIDENCE d. STREET ADDRESS ON A FARM? North Arundel General Hospital #88 YES HO 4 80x 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH Daniels January 31 within James 19 66 Edward carbon 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years I IF JNDER 1 YEAR IF UNDER 24 HRS last birthday) Days Months WIDOWED [DIVORCED T Male remove Ha. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Machinist (ret.) Gen'l Elec. North Carolina USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Daniels Eulalie Maddox 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewerordelesofservice) None 219-18-5330 Mrs. Ida M. Daniels (wife) Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, fany, which gave rise to immediate causa cause lest. PART II. OTHER SIGNIFICANT CONDITIONS MINAL DISEASE CONDITION GIVEN IN PART 1,01: 19. WAS AUTOPSY PERFORMED? NO 200, ACCIDENT WAS UNDERLYING 20b. DESCRIPE HOW INJURY OCCURED. (Inter neture of injury in Perf I or Perf II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20a, PLACE OF INJURY (Hame, ferm. Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work DIRECTOR. 3/..... 19, that (I) (we) last plnous saw the deceased alive on.... 220. SIGNATURE 326. DATE ATTENDING MED. SIGNED! PHYS. DIRECTOR PHYS. page 22c. PHYSIC!AN'S 22d. ADDRESS NAME (Type) 23s. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (C'ty, town or county) REMOVAL (Specify) .1966 Baltimore, Maryland Lorraine Park Cemetery Feb.4 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 Home Glen Surnie. Md.

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death. Page 4

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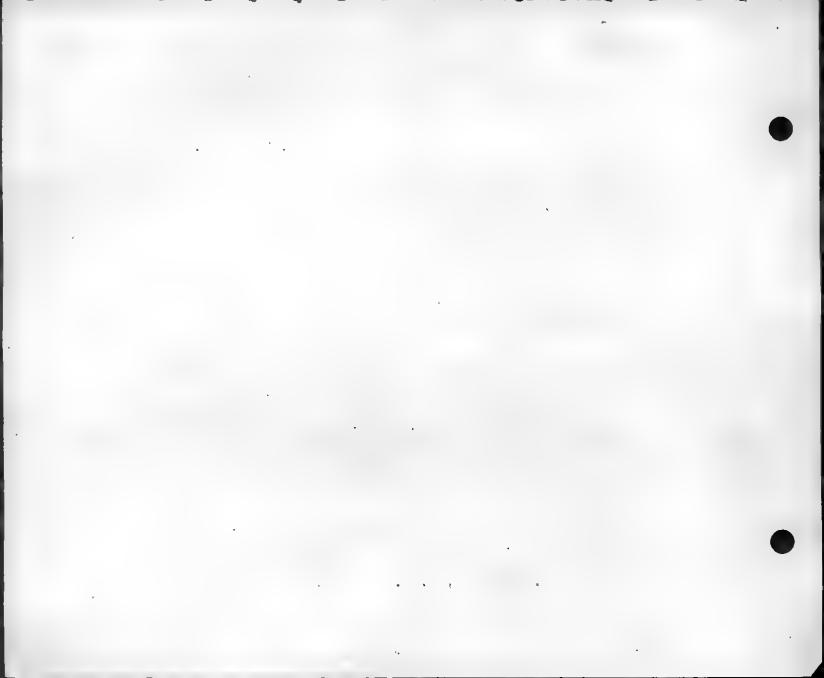
LAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



VR A15 (4) 20M 1/65

e. IS RESIDENCE ON A FARM? NO K YES Month Year 19 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. (ast birthday) Months Hours | Days 12, CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? (County) (State) 1956 that (I) (we) last and that death occurred at 3 7. M. from the causes and on the date stated above. 22b. DATE SIGNED Crownsville State Hospital.Marvland LOCATION (City, town or county) (State)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY attending physician and completely filled in by the fermit. Then please feature carbon paners. Pages 1 m, or removal, and man event, within 72 hours after hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If posside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) filled in adadua d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, glyé street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS ND X YES death certificate be executed within 3. NAME OF First Middle DATE Month Day Year -Last 4. DECEASED OF (Type or print) 1the DEATH ancearce 19 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED last birthday) Months Davs Hours **DIVORCED** 10a. USUAL OCCUPATION (Glye kind of work done 10b_KIND OF BUSINESS OB 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? 26,5 61 elich uccan 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? **INFORMANT** TO FUNERAL DIRECTOR: After this certificate has been signed by the attent director, page 3 should be detached for use as the burial-transit permit. Should be filed with the State Dept. of Health prior to burial, cremation, or r 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN and (c).] TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last (c) CERTIMICATION 19. WAS AUTDPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES | NO 🖂 20a, ACCIDENT WAS UNDERLYING C 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 19.50. to 19/4, and that death occurred at 2 AM from the causes and on the date stated above. saw the deceased alive pn_ 22a. SIGNATURE DATE SIGNED 22b. ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. PHYSICIAN'S **ADDRESS** 22d. NAME (Type) (State) 23a. BURIAL, CREMATION, 23b. LOCATION (City, town or county) DATE 23d. REMOVAL (Specify) REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 1966 15M 4-64



CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, it institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate timits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write-RURAL and give nearest town] d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE STREET ADDRESS ON A FARM? YES NO-3. NAME OF DATE Month DECEASED (Type or print) DEATH within 6. COLOR OR RACE 19. AGE (In years HE UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED I Jast birthday) Months WIDOWED 10e. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) DECRETAR 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) [(If yes give wer or detes of service) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Conditions, if any, which gave rise to immediate cause DUE TO (a), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s) 19. WAS AUTOPSY PERFORMED? NO D 20b. DESCRIB! HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) lectory, street, office bldg., elc.) While Not While Hour e.m. et work el work D. D. 19.5%, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from . 1. M, from the causes and on the date stated above. (0) 19 and that death occurred all saw the deceased alive on. ... / /. 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. death. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, be filled 23s. BURIAL, CREMATION, | 23b. NAME OF CEMETERY OF CREMATORY 0 L 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 7-62

OF STATISTICAL RESEARCH

RESTON STREET, BALTIMORE 1, MARYLAND



22d.

NAME OF CEMETERY OR CREMATORY

ADDRESS

ADDRESS

25a.

23d.

REC'O BY REGISTRAR

e. IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS

YES

DATE SIGNED.

(County)

REGISTRAR'S SIGNATURE

LOCATION (City, town or county)

25ha

AUTOPSY

(State)

PERFORMEO? NO X

that (I) (we) last

(State)

Dav

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12. CITIZEN OF WHAT

COUNTRY?

ON A FARM? YES

NO L

VR A15 (4) 15M 4-64

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director, p should be

22c.

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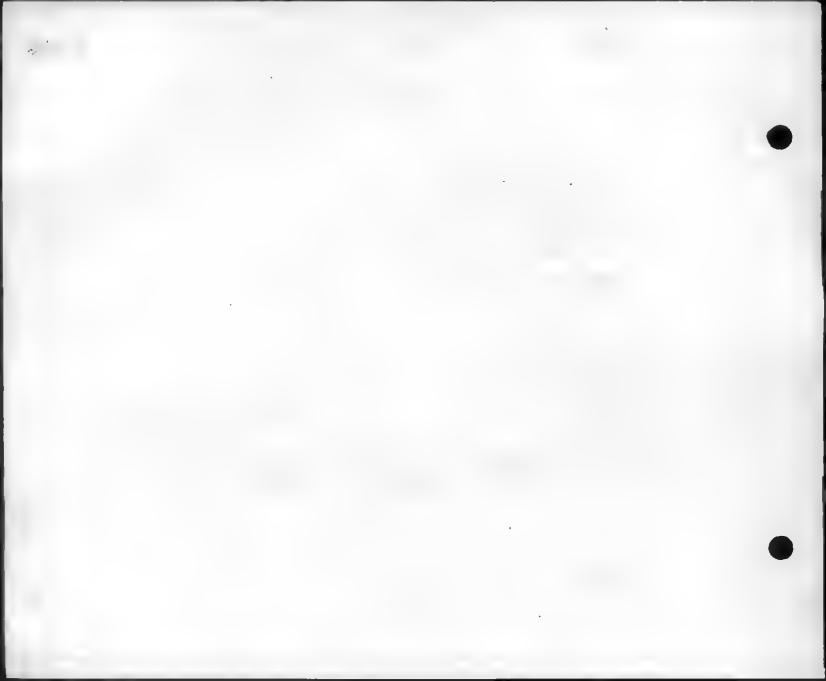
PHYSICTAN'S

NAME (Type BURIAL, CREMATION,

REMOVAL (Specify)

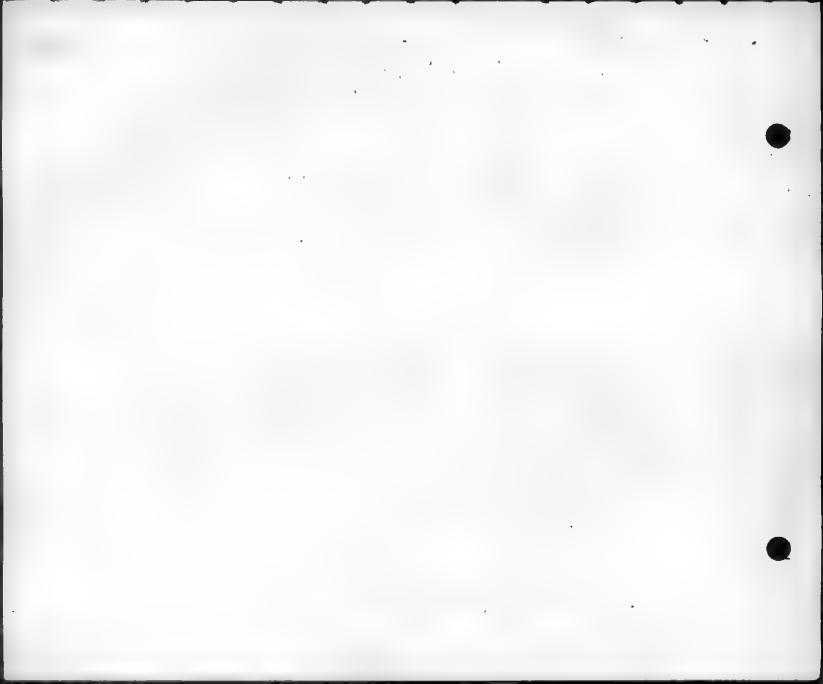
FUNERAL DIRECTOR

23b.



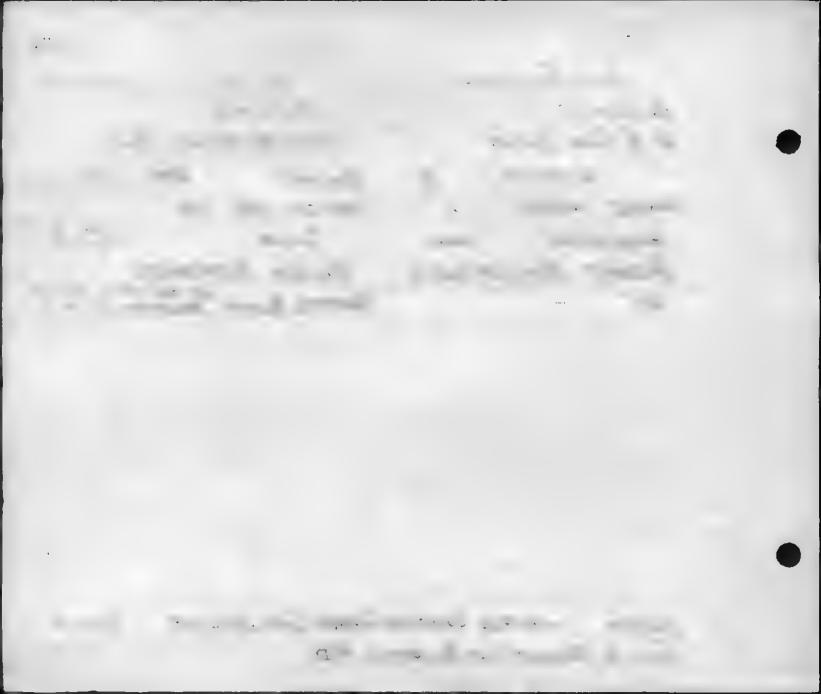
CERTIFICATE OF DEATH funeral and 2 death. after death, a. COUNTY PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) on papers. Pag within 72 hours. BristoL FUNSFOLIS -= filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Maundal. YES NO etely NAME OF DATE Day Year Middle Last Month DECEASED 19 66 (Type or print) DEATH DATE OF BIRTH 5. SEX 6. COLOR OR RACE NEVER MARRIED 1 8. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED last birthday) Months | Days Hours 1-12-65 WIDOWED [DIVORCED [Ę 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** redmeden Hosp and 13. FATHER'S NAME гепточа transit permit. Then the cremation, or re-Edith Blake James Dorse / 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unknwn) I (If yes give war or dates of service) Bristol - Md. James Dorsey 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crems ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate attending DUE TO cause (a), stating the prior underlying cause last. has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN (N PART 1(a) for use Health this certificate I detached for use PERFORMED? NON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part | of Item 18.) 5 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work at work After **A** D.M. DIRECTOR: An age 3 should lied with the S to 1-8-6 6 19 21. I certify that (I) (this hospital) attended the deceased from 19 and that death occurred at 3 27 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE page **ATTENDING** 1-8-66 DIRECTOR PHYS. Page 4 may or FUNERAL I director, pageshould be fill PHYSICIAN'S NAME (Type) 22d. ADDRESS 22c. BURIAL, CREMATION, 23b. REMOVAL (Specify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 2 1-10-66 Bethel Way -Cross Huntingtown- Calvert M REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR I Commed no VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should, I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, if Institution: Residence before edmission) . COUNTY b. COUNTY by the and 2 death. WAVEE MARYLAND CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give negrest town) E-Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? hours YES NO P completely papers. NAME OF M.ddle 2 OF DEATH DECEASED (Type or print) 1966 within carbon 5. SEX AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED Bud lest birthday) Months ! Days Hours WIDOWED IV DIVORCED remove 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) done during most of working life, even if retired) TOUSE WIFE
FATHER'S NAME any HOMB 0 please 14. MOTHER'S MAIDEN NAME 5 death attending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. removal (Yes, ng, of unkown) (Ifyesgivawarordelesofservice) permit. IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) INTERVAL BETWEEN 公 ONSET AND DEATH o PART I. DEATH WAS CAUSED BY: 5 days IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO Conditions, if any, which (6) geve rise to immediate ceuse **DUE TO** (e), stating the underlying burral, the PHYSICIAN: certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION 98 PERFORMED? NO D USB prior 200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Peri I or Peri II of item 18.) ٥ OR CONTRIBUTING [] CAUSE OF DEATH Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached Affer MEDICAL ATTENDING 20c. TIME OF INJURY 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm,) Month, Day, Year 20f. (City or town) (County) (Slete) factory, streat, office bldg., etc.) Not While ŏ Hour a.m. et work et work DIRECTOR: State Dept. Aau 23 ..., 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 2.9 19 6. 10 ... should1946 ... and that death occurred at 9 M, from the causes and on the date stated above May 22e. SIGNATURE DATE ATTENDING SIGNED Ξ DIRECTOR PHYS. PHYS. M.D. HOSPITAL death. Page 4
TO FUNERAL page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME Type director, be filed NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23e BURIAL, CREMATION, REC'D BY REGISTRAR VR A1S (4) 20M 5-63

DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where plecoased lived, if Institution, Residence before admission) e. COUNTY /b. COUNTY MARYLAND CITY OR TOWN (if outside corporate I mits, CITY OR TOWN (If outside/corporate limits, write RURAL and/give nearest write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) IS RESIDENCE ON A FARM? NAME OF DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. last birthday) and WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired At LAU 13. FATHER'S NAME 14. MOTH ER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line lor (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gave rise to immediata ceuse **DUE TO** (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, (Stote) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or lown) (County) fectory, street, office bldg , etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from.196....., and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on. 22. SIGNATURE DATE ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS. eath. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, I be filled v NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 236 LOCATION (City, town or county) REMOYAL H Specify) O FUNERAL DIRECTOR'S VR A15 (4) 1SM 7-62



	MARYLAND STATE DEPARTMENT OF HEA	LTH
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STR	EET. BALTIMORE 1. MARYLAND
U4113	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STR CERTIFICATE OF DEATH	# 00109
	CENTIFICATE OF DEATH	

									-		
17	PLACE OF DEAT a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before deceased)						
1		Anne Arundel	" MARYLA	INO	a. STATE Maryland b. COUNTY Anne Arundel						
	b. CITY OR TOW Write RURAL	VN (if outside corporate lim and give nearest town)	its, c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Anna	nolis	8 days		RUR	AL - Gler	Burnie		02-1		
	d. NAME OF HO	SPITAL OR INSTITUTION (if i	not in hospital, give street add		d. STREET ADORESS			1	e. IS RESIDENCE ON A FARM?		
1-			Heneral Hospital	_	Rt-1,	Box-284	ž mò	**	YES NO		
3.	NAME OF DECEASED	First Samue 1	Middle Otis	F	Last DWARDS	4. DATE OF DEATH	Month January	Day 7	Year 19 66		
5	(Type or print) SEX				DATE OF BIRTH			INDED 1 VEAD	IF UNDER 24 HRS.		
Ι.	Male	37	ARRIED NEVER MARRIED DOWED DIVORCEO		uly 27, 190	l la	st birthday) Mo	nths Days	Hours Min.		
10	a. USUAL OCCUPAT	TION (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (C			12. CITIZEN			
1 "	ILINE IIIOSE OL MUIN	ring intel each it territed)	ואטטאווז		Mary:	land		COUNTRY	S.		
13	3. FATHER'S NAM				14. MOTHER'S MAI				0.		
			DWARDS		SARA	H PI	TTS				
10	5. WAS OECEASED (es. no. or unknwn)	EVER IN U.S. ARMEO FORCES: (If yes give war or dates of service	? 16. SOCIAL SECURITY NO.		INFORMANT		Address	_	2 001		
				Ct	HARO UTTI	E EDWI	9RDS	RT-1,	BOX284		
	18. CAUSE OF	DEATH [Enter only one caus	se per line for (a), (b), and (c).	1,				INTE	RVAL BETWEEN		
L	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	llyen	(1				ORS	ET AND DEATH		
	1	DUE TO	.11			, 1		4			
П	Conditions, If	eny, which) (b)	Hylerlan	~ 11	is resul	de-Rent		1	Jei .		
	gave rise to cause (a), s	Immediate (,		_	7	14		
	underlying caus	se last,) (c)	· lt ·	1/-	10.00				460		
ΙĘ	PART II, OTHER	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	RELA	TEO TO THE TERM INAL	OISEASE CONOIT	ONGIVEN IN PAR	(T1(a) 19.	WAS AUTOPSY PERFORMED?		
_ ⊴		Ce, cen	Chrenberry					YE	ES NO		
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCU!	RRED. (Enter naturo c	of Injury in Part i	or Part II of It	em 18.)			
SA	20c. TIME OF	INJURY Month, Day, Year	20d. INJURY OCCURRED 20d	e. PLAC	E OF INJURY (Home, f	arm, 20f. (City	or town)	(County)	(State)		
MEDICAL	Hour a.i		While Not While at work	factor	y, street, office bldg.,	etc.)					
12			attended the deceased from	m)	a - 1	1901 to .	lan. 7	1966 H	hat (I) Jime) last		
		ceased alive onJan			death occurred at						
	22a. SIGNATU)	2 (110)			2	2b. DATE SI	GNEO		
		turerd Whe	LL F	M.D.	ATTENDING KX	MEO. OIRECTOR	STAFF PHYS.	1/8/0	6,		
	22c. PHYSICIA NAME (T		chorell		22d. AODRESS 121 Cath			lie W	[d		
-	Plinati care										
23	 BURIAL, CREN REMOVAL (Sp 						O. A. N.D.	or county)	(State)		
N.Ţ	4. FUNERAL DIRI	T-T2-66	Hall's Ch	ruc.	n Yard	A.A.C		STDADIS SIGN	IATUDE		
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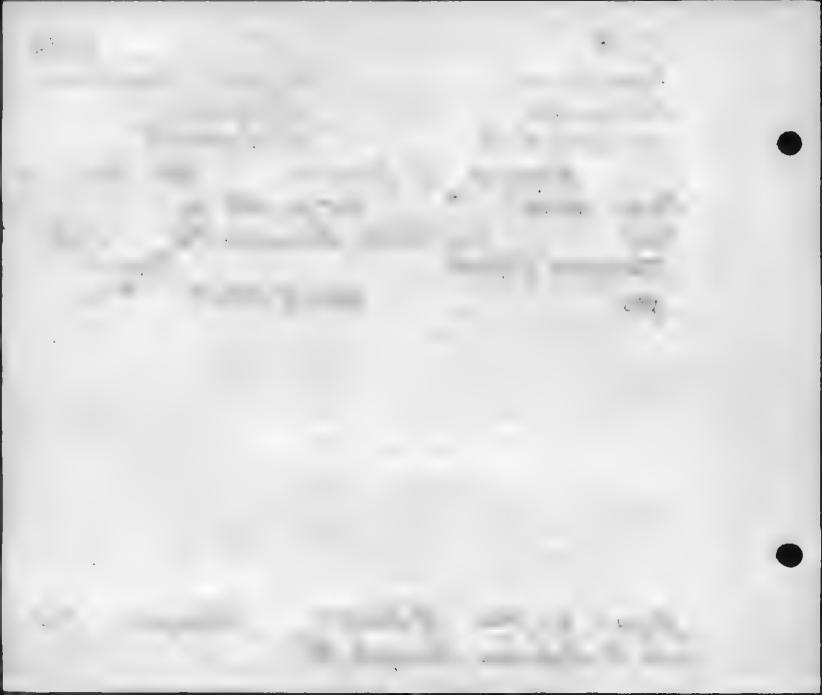
TO MESPITAL OR MITERALING PHYSICIAM The lam requires that time death cartificate be executed mitmin 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20M I/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACETOF DEATH USUAL RESIDENCE (Where deceased lived A Institution: Posidence before edmission) the d and 2 MARYLAND c. CITY OR TOWN (If outside corporate limps, write RURAL and give nearast town) E. LENGTH OF STAY IN 16 ad in land Pages within filled d. NAME OF papers. Pag in 72 hours a AL OR INSTITUTION (if not by hospital, give street eddress) . IS RESIDENCE d. STREET ADDRES ON A FARM? completely YES NO 🕅 3. NAME OF Middla Last DATE Year DECEASED OF (Type or print) DEATH 1966 carbon nt, withir COLOR OF RACE 7. MARRIED NEVER MARRIED DATE OF IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR and lest birthday) Months Days Hours WIDOWED DIVORCED OCCUPATION (Give kind of work KIND OF BUSINESS OR INDUSTRY WHAT COUNTRY? 12. CITIZEN OF thist of working life, even if retired) please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 pr_unkown] [(If yas give wer or dates of service) permit. signed by 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ö ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremetion, IMMEDIATE CAUSE (a) burial-transit **DUE TO** peen Conditions, if any, which gava rise to immediate causa burial, has DUE TO (a), stating the undarlying certificate ha ់ causa last. hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY 0 CERT. FICATION PERFORMED? prior NO ched for Health pa 20a. ACCIDENT WAS UNDERLYING R: After this detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Ham 18.) OR CONTRIBLTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) may be retained to DIRECTOR: After 3 should be detact 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20a, PLACE OF INJURY [Home, farm, 20f. (City or fown) (County) ö factory, streat, office bldg., atc.) While Not Whila Hour a.m. Dept. et work at work p.m. 19.65 ACCAM. 19.60, that (I) (we) last fo ... State saw the deceased alive on 123 1966, and that death occurred at! AM, from the auses and on the date stated above. 22a. SIGNATURE 22b. DATE m SIGNED death. Page 4 ATTENDING MED. STAFF wats a summer filed with H HOSPITAL M DIRECTOR PHYS. PHYS. M.D. 22c, PHYSICIANS 22d. ADDRESS 23a. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) Ö.g. 25a, REC'D BY REGISTRAR 25Ъ REGISTRAR'S SIGNATURE lioneller VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



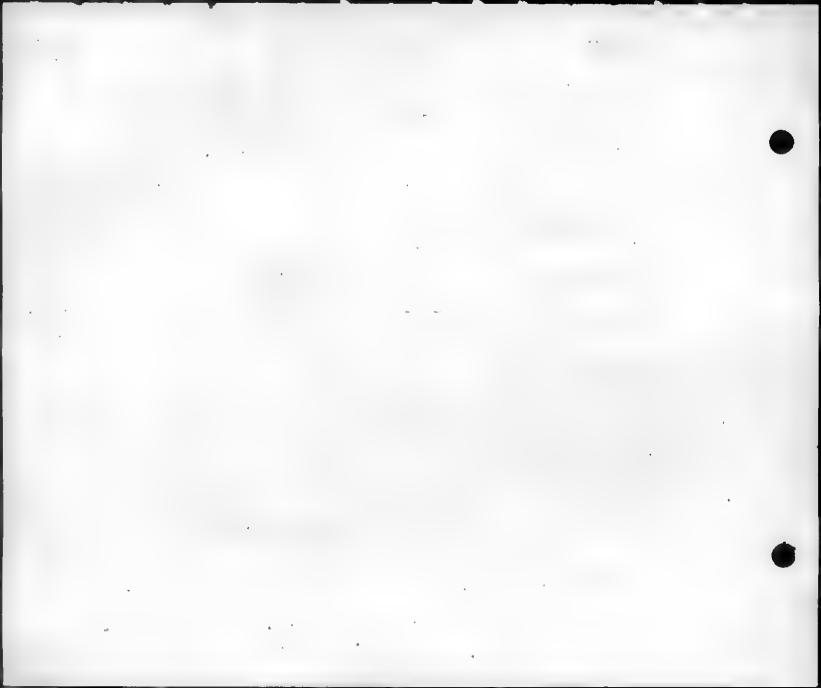
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any eyant, within 72 hours after direth.

THE BOSEITH OF STREETING PRYSICEN: The law requires that the Math certificate be executed within 24 hours after Meth. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTM	ENT OF HEALTH		
	RESEARCH AND RECORDS, 301 W.	. PRESTON STREET,	BALTIMORE 1, MARYLAND	
00115	CERTIFICATE OF	DEATH	0011	1

		CULL)			CER	HILICAL	E OL DI	AII						
1	1.	PLACE OF DEATI	H.					2. USUAL R	ESIDENCE ((Where deci	eased lived, If in	stitution:	Residence	Defore a	dmission)
4		a. COUNTY	TELET					a. STATE			p. con		a Ho	DAD	
3		ANNE ARUI		cornorate	limite	L c ENGTH	MARYLAND OF STAY IN 1b	CUTY OF T	MARYL	AND corr	porate limits, w	RINCE			st town)
		write RURAL	and give near	rest town)	C. LENGIN	OL 21M1 IM TR	E. CITT OK I	DA14 (11 00)	raina coih	iorate marts, w	IND KAWA	r and Ru	re neare:	St tomin
		FT GEORG	GE G ME	ADE		la D	AYS		BOWIE		16-	- 2			
		d. NAME OF HO	SPITAL OR INS	TITUTION	i (if not in h	iospital, give	street address)	d. STREET A	DDRESS				6	ON A	FARM?
		KIMBROUG	H ARMY	HOSE	TTAT.			12305	SALE	M TA.				YES 🗍	NO
	3	NAME DF	711 111111	Firs		Mir	idle	Last	JAJES 4		Mont	h	Day	Ye	
	٠,	DECEASED			,,					DF		AII.			
	_	(Type or print)	C 20100 0	EVA		C.		EMMERICH		DEATH	JAN	(AE (MIDE)	15		66
	٦.	SEX	6. COLOR OF	RACE	7. MARRIED	NEVER I	MARRIED [8. DATE OF BI	RTH	9.	AGE (In years last birthday)	Months	Days	Hours	R 24 HRS.
	F	EMALE	CAUCAS	TAN	WIDOWED	D	IVORCED	2 April	1933		32 yrs.	Mondis	Days	110013	IANIE.
	10a	. USUAL OCCUPAT	TON (Give kind	of work do	one 10b. h	(IND OF BUSI	VESS OR	11. BIRT HP	ACE (Count	y & State,	or foreign countr	y) 12. C	ITIZEN	OF WHAT	ſ
		Ing most of work	ing iire, even	it retired)	'	NDUSTRY N/A				ME	W YORK		OUNTRY S.A.	ľ	
	·	FATHER'S NAM	F			11/2	•	J 14. MOTHER	25 MAIDEN		M TOTAL	0	J.R.		
									I I NO	*****					
		LEO MELVIN LABARGE . TENNANT													
	(Ye	. WAS DECEASED :	EVER IN U.S. AI \ (If yes give war	RMED FOR or dates of :	GES? 16. service)	. SOCIAL SECU	RITYNO. 17.	INFORMANT			Addre	S5			
		NO			106	39-24-	3372 MA	J JOHN E	MMERIC	CH I	2305 SAI	LEM L	ANE	BOWI	E. M
		18. CAUSE OF	DEATH [Enter	only one									i INTE	RVAL BE	TWEEN
		PART I. DE	ATH WAS CAL	SED BY:	CA	RCTNOMA	OF PANI	CREAS					/	ET AND	DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF PANCREAS 6 MONT											Ino.			
			7	DUE T	0										
		Conditions, If		1)	b)										
		gave rise to immediate cause (a), stating the DUE TO													
		underlying caus	e last.	(c)										
	NO.	PART II. OTHER S	GIGNIFICANT	ONDITION	NS CONTRIB	UTING TO DEA	TH BUT NOT REL	ATED TO THE TER	MINAL DISE	EASE CON	DITIONGIVENIA	PART 1(a)	119.	WAS AL	JTOPSY
n n	CERTIFICATION												YE	S TT	NO I
1	E	20a. ACCIDENT	WAS UNDERL	YING []	20b.	DESCRIBE HO	W INJURY OCC	URRED. (Enter n	ature of In	ury in Pa	rt I or Part II	of Item 18		.A.A.	
	ERI	DR CONTRIBUTI	NG CAUSE	OF DEATH	H FRI										
						MINDY DANIE	DED 100 DI	AF AF INTERV	Hama farm	0.000	Other on Assumi	(00	unty)		State)
	MEDICAL	20c. TIME OF Hour a.r		n, Day, 11	While	NOT WELL	fort	ACE OF INJURY (Ory, street, office	bldg., etc.)	, 201. (City or town)	(60	unty	(-	atata)
	MET	p.i		19	at wor	k at worl									
		21. I certif	y that (I) (th	is hospi	tal) attend	led the dece	ased from	J. DEC	. 19 6	55. to	15 JAN	L. 19_	66. th	at (I) (we) last
			ceased alive		15 JAI			t death occurr							
		22a. SJGNATUI			-//		, dita til						DATE SI		
		17	· 1	VSC	Au.		M.	ATTENDING D. PHYS.	MED	ECTOR	STAFF PHYS.	1	S JA	N 66	
1	Н	22c. PHYSICIA	N'S		6,00		PH		RESS	ECTOR &	_ rais	1	7 012		
		NAME TH	PeROBIN	SON.	CAPT.	MC		A THO	PNHATIC	и ст	BALTIMO	י שמר	616		
				of the party											4-4->
	23a	REMOVAL (Spe		DATE TH	TEREOF	23c. NAM	E OF CEMETER	Y OR CREMATOR	CT.	23d. LO	CATION (City, 1	OWN OF CO	эцпту)	(S	tate)
	_	Bur1		/18/	66		ington	Nat Ce	m	Anl	Ington	The			
	24	. FUNERAL DIRE	CTOR No	llev	r f g	ADDR	ESS Mt. F	Rainier	5a. REC'D	BY REGIS	TRAR 250: 4	EGISTRA			
		Fune		me		Mor	Land I	-OTITOIL	STEAN S	2.0 - 19	956 8C	lionel	By X	unga	Man

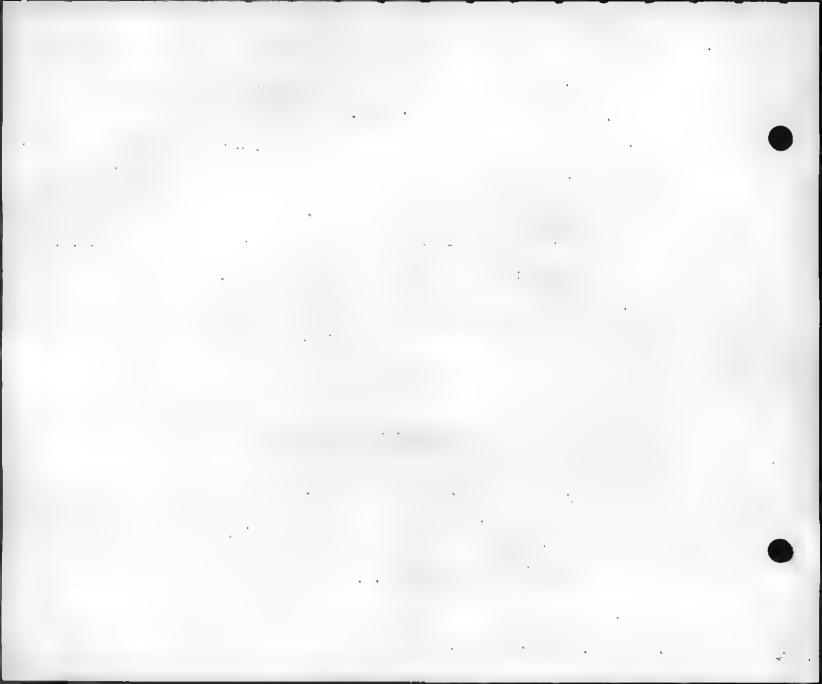
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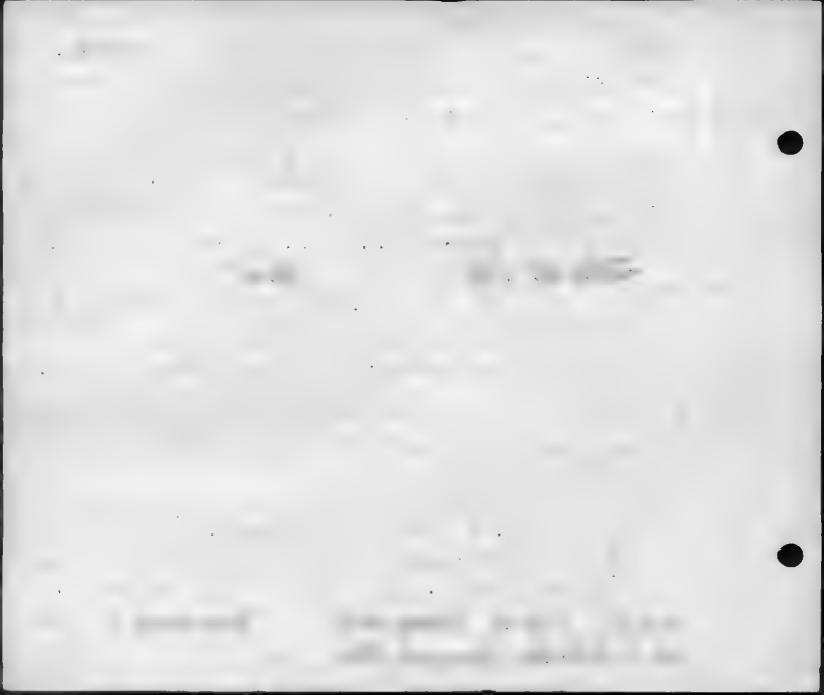
MEGICAL CERTIFICATION

	O PINITE IN	N OF STATIS	TICAL	MARY RESEA	RCH AND R	RECORDS	PARTMENT (TON STR	LTH EET, BAL	TIMOR	E 1, MAR	/LAND	
					CERTI	FICAT	E OF DEAT	ГН			- 90	112	
1. PLACE OF DEATH a. COUNTY Anne Arundel b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crownsville d. NAME OF RESENTAL ORGANISTITUTION (if not in hospital, give street address)							2. USUAL RESIDI a. STATE Marvia c. CITY OR TOWN	and Alfoutside	b	EMIST	imore RURAL and	ce before admissio City give nearest town	
	d. NAMEOPHO	MTALORENSTITU Sville St	ition (if i	not in hos Hosp:	pital, give stred i tal	at address)	d. STREET ADDRE		leton	Stre	et	O. IS RESIDENCE DN A FARM?	?
3.	NAME OF DECEASED (Type or print)			ucil.	Middle La		Last Evans	4. DA OF DE	ATH	Month 1	Da 26	19 66	
	sex Female	6. COLOR OR RAI	WI	DOWED [CED	s. date of Birth Jan. 6,18	396	last birt	thday) M	onths Days		
dur	ing most of work	Ing life, even If rei known	tired)		DUSTRY	S UR		ginia		country)	12. CITIZE COUNTI	S.A.	
15 (Yo	. WAS DECEASED	lichard H EVER IN U.S. ARMEI (If yes give war er dat	FDRCES'	e)	OCIAL SECURITY		Wil. INFORMANT	lie A.		Address			_
		any, which a limmediate batting the D	BY:		Caran	ary O	cclusion c Cardiov	ascula	ar Dis	ease		TERVAL BETWEEN	
CERTIFICATION			TIONS CO				TED TOTHE TERMIN/ i ZOPhreni JRRED. (Enter nature					PERFORMED?	_
MEOSCAL	2Dc. TIME OF Hour a.n	and the same and	ay, Year 19		URY OCCURRED Not While at work	20e, PLA facto	CE OF INJURY (Home iry, street, office bldg	., etc.)	f. (City or to		(County)	(State)	
		Ir//	1/2	attended 26	the decease	d from	D. ATTENDING PHYS. 22d. ADDRESS CTOWNSV	MED. DIRECTO	from the c	auses an	nd on the da 22b. DATE S 1/2	27/66	re.
24	BURIAL, CREM PEMOVAL (Spe GUNIAL) FUNERAL DIRE	ecify) 2/	TE THERE 3/6	DF C	23c. NAME OF BALL ADDRESS 1727).	CEMETER Uma Mönn	OR CREMATORY LESS 1258. ALS 1 DATE	REC'D BY RI	Back	5b. REG	or county)	(Stater)	1

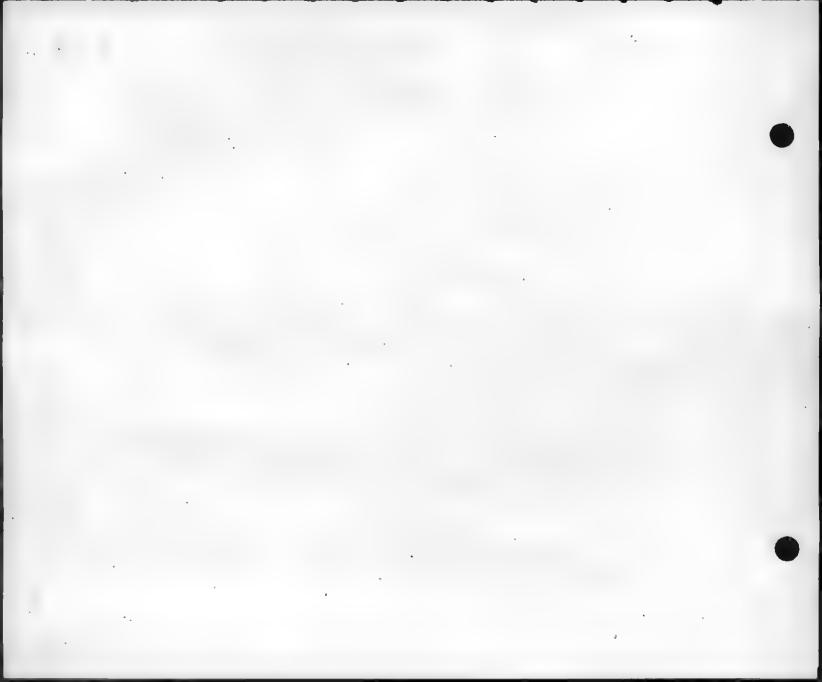
VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, If institution: Residence before edmission) a. COUNTY **b.** COUNTY by the and 2 death. Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) write RURAL and give nearest town) 12 yrs. Rural Mayo Rural-- Mayo d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE papers. Pag in 72 hours ON A FARM? YES NO 3. NAME OF First Middle Last 4. DATE Month DECEASED OF (Typa or print) DEATH DEY rbon . withir GEORGE JUN TO IN 19 66 Jan. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years HF UNDER 1 YEAR lest birthday) Days Male WIDOWED [DIVORCED [Dec. 8. 100 1890 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) (Washington, D.C.) Government U.S. Machimist 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME p e S. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yas, no, or unkown) | (If yes give war or dates of sarvice) Mr. Leroy W. Fey Mayo. Maryland permit. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c),) á. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) Coronary Occlusion Immediate **burial-transit** DUF TO Conditions, if any, which Arteriosclerotic Cardiovascular Disease with gave risa to immadiata causa Hypertension DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? U50 prior I NO X 20a. ACCIDENT WAS UNDERLYING | R: After this detached for t. of Health p 20b. DESCRIBE HOW INJURY OCCURRED, (Entar nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) While Not While CIOR: at work at work D.m. 21. I certify that (I) (this hospital) attended the deceased from Feb. 20 ..., 1957, to Jan. 19: , 166, that (I) (we) last 228. SIGNATURI 22b. DATE SIGNED FUNERAL PHYS. PHYS. DIRECTOR M.D. MOSPITA 22c. PHYSICIAN'S NAME/Pype) 22d. ADDRESS Rt. Sylvia M. Lim. Box 244 Edgewater. Md.. 23c. NAME OF CEMETERY OR CREMATORY (Steta) 23n. BURIAL, CASMATION. a Fo VR A15 (4) 20M 5-63



20M 1/65



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TO SCRITCE OF ETTERNING MENTION. The law requires that the death certificate Lie executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	DRE 1, MARYLAND
CERTIFICATE OF DEATH	0.01

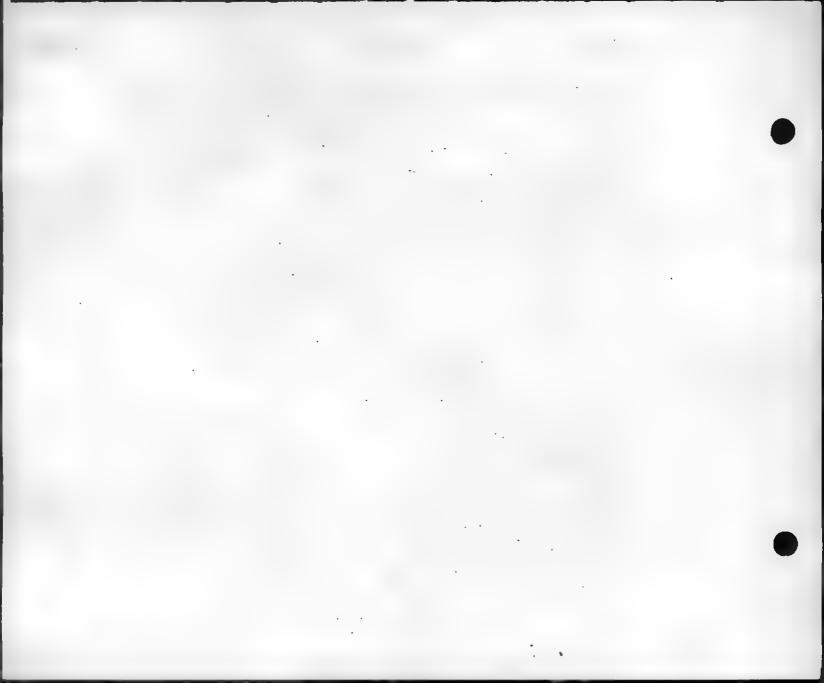
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24. / UNERAL DIRECTOR 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	24	I. / UNERAL DIRECTOR	ADDRESS	25a. REC'O BY REGIS	contract of	97
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MARYLAND STATE DEPARTMENT OF HEALTH

Alma	'e	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4 E24	}}_	100120 CERTIFICATE OF DEATH (101116)
funeral and 2 death.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY
e fu		ANNE ARUNDEL MARYLAND B. STATE M.D. B. COUNTY NNE ARUNDEL
in by the in by the is. Pages 1 hours after		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
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mithin soletely fill arbon pal	1 .4	NAME OF First Middle Last I A DATE Month Oay Year
		(Type or print) TAMES WODDLAND FLEMING DEATH JAN 16 1966
comple comple ve car event,		S. SEX (6. COLOR OR RACE 7. MARRIED TX NEVED MADDIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.
and com		M WIOOWEO DIVORCEO 8/18/85 Last birthday) Months Days Hours Min.
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siele	3	TATE OF MA. GUARD - RET. MA. C. S. a.
~ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>	Г	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
artificate ding plays Then ple removal, a		ALLISON T. FLEMING MOLLY MILLS
ath mrtif attendin rmit. The		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	- ['	Yes, no, or unknown) (If yes give war or dates of service) 21 PPORAH FLEMING WIFE
t pe	=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
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10 e e e		gave rise to Immediate cause (a), stating the DUE 70 7 - 1
N: The law miles or attendir		underlying cause last. (c) Alenonderrus
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		2D2. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
NYSICM le hospi his curt tached Dept. of		
	3	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
NG by til		20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a.m. p.m. 19 at work at work
	I.	21. I certify that (I) (this hospital) attended the deceased from 1955 to 1-16 1924 that (I) (we) last
Ten train TOR Shou		saw the deceased alive on 1-13 1966, and that death occurred at 230/2M, from the causes and on the date stated above.
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AL ON hay be il DIR page filed	П	M.D. ATTENDING MED. STAFF 1-1666
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O NOSTITAL ON ATTER Page 4 may be retain O FUNERAL DIRECTOR director, page 3 should be filed with th	4	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
3	1	DURIAL 1/19/66 MEHDUNKIDGE HOWARD CO. Ma.
1	- 4	24. FUNERAL DIRECTOR 301 FREDERICK Rd 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	4	S. MACIVABB =21228 INTEN 19 15361



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 lenth. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) Anne Arundel a. STATE b. COUNTY after Maryland Bal-timore
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) the MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b. oon papers. Pag within 72 hours hours davs Baltimore 巨 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) filled d. STREET ADDRESS Crownsville State Hospital 223 Silver Court within etely carbon NAME OF Middle DATE Month Last DECEASED OF DEATH (Type or print3-#31131 Sàinhia Rice Flemino 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED birthday) Dec. 6, 1892 Female Negro WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ysicia certificate b∎ during most of working life, even if retired) INDUSTRY Housewife Viroinia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal Mary Almstead Rice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 5 (Yes, no, or unkown) | (If yes give war or dates of service) cremation, Unknown Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), burial-transit burial, cremat à PART I. DEATH WAS CAUSED BY: Cerebral Thrombosis IMMEDIATE CAUSE (a) signed l Ittending physici DUE TO Hypertensive Arteriosclerotic Cardiovasculat Cenditions, if any, which gave rise to immediate as the l **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) certificate Chronic Brain Syndrome due to the above, Dehydration 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) detached for the details of the deta MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Hour a.m. After Id by Not While at work at work 60 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should lied with the M, from the causes and on the date stated above. to. 66 🚜 and that death occurred at 🕹 saw the deceased page ATTENDING PHYS. MED. OIRECTOR STAFF PHYS. ADDRESS O FUNERAL PHYSICIAN 22d. director, p should be State Hospital, Maryland Crownsvi lle BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) SULIA FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

Day

Days

12. CITIZEN OF WHAT

COUNTRY!

Months I

ON A FARM?

Year

1966

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES

(County)

22b. DATE SIGNED

1/30/66

NO

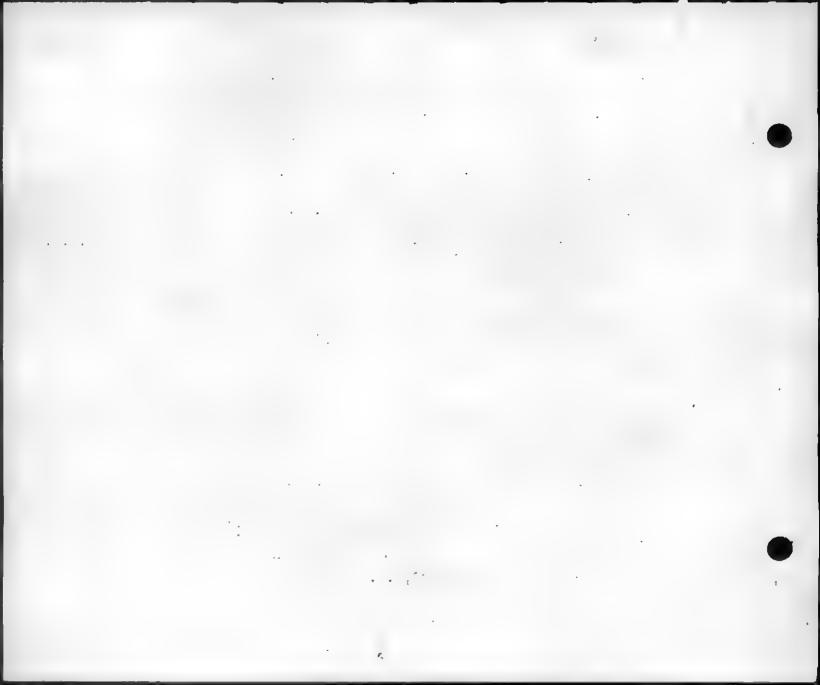
(State)

that (I) (we) last

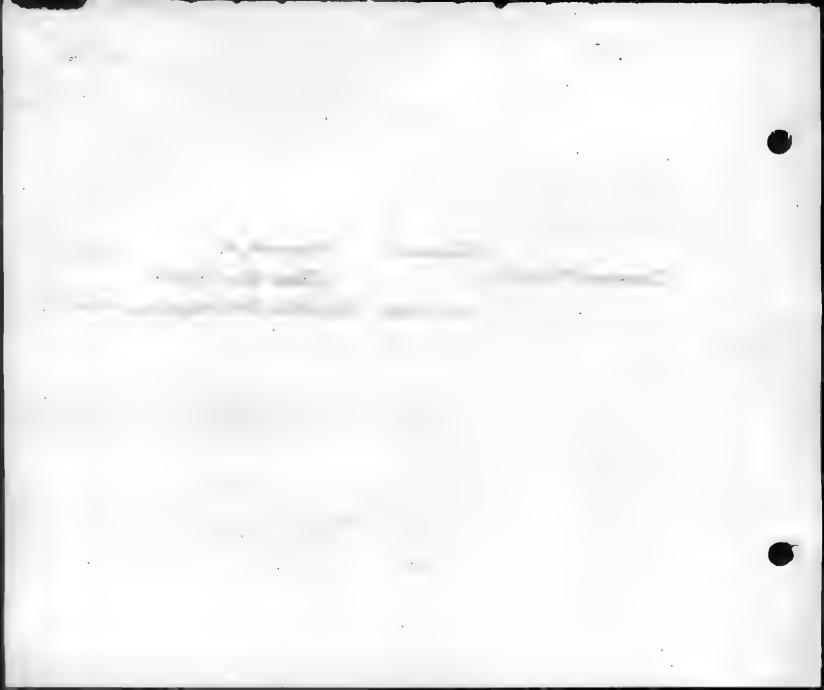
(State)

No S

VR A15 (4) 20M 1/65



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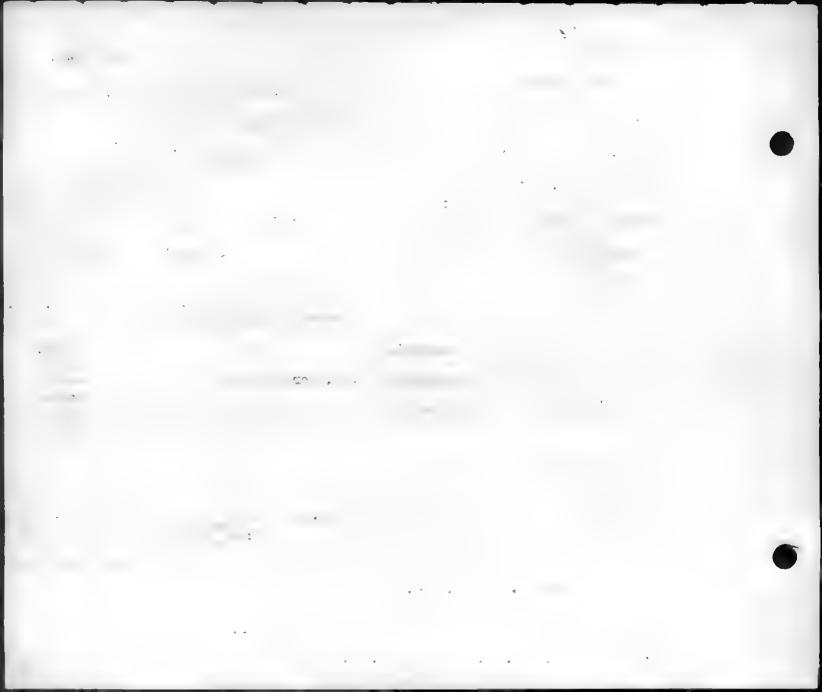
DETIEN DUSINESS FORMS, INC., BALTIMORE, MD. 21.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	123	CERHIFIC	AIE UF	DEAL	п			1 ×		
1. PLACE 0	FDFATH		2. USI	AL RESIDEN	ICE (Where de	ceased lived, If Inst	itution: Reside	nce before admission)		
a. COUN	Anne Arundel			TATE	land	b. COUN				
b CITY	OR TOWN (if outside corporat	te limits. c. LENGTH OF STAY		Mary		manata Harita wat		rundal		
write	OR TOWN (if outside corporat RURAL and give nearest tow	m)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town						
Fort	George G Meade			n Burn			/_			
d. NAME	OF HOSPITAL OR INSTITUTIO	ON (if not in hospital, give street add	ress) d. STRI	ET ADDRESS				e. IS RESIDENCE ON A FARM?		
_	ough Army Hosp	ital	121	6 Mont	gomery	Drive		YES NO NO		
3. NAME OF	n Fi	rst Middle	L	ast	4. DATE	Month	D	ay Year		
(Type or			Frank		DEATH	Jamua	rv 19	19 66		
5. SEX		7. MARRIED T NEVER MARRIED		OF BIRTH	9.	ACE (In years I	FUNDER 1 VE	AR HE UNDER 24 HRS.		
Come 3 o		WIDOWED TO DIVORCED		101		last birthday)	Months Day	s Hours Min.		
I emale		done 10b. KIND OF BUSINESS OR		y 191		or foreign country)	12 CITIZE	EN OF WHAT		
during most	of working life, even If retired	d) INDUSTRY	11.00	THE BOOK T	Sounts of States	or Interducential	COUNT	RY?		
	ewife					arolina	USA			
13. FATHER	'S NAME		14. M	THER'S MAI	DEN NAME					
Josep	h Land		Mai		d min					
	EASED EVER IN U.S. ARMED FO		1216 K	NT + ~~		Addres	5 D	cnie. Md.		
	inowity (it yes give war or gates of	577 28 4512	TZIO N	on cyo	mery	DI. GI	en bul	mie, Ma.		
L 18 CAL	ISE OF REATH I Fator Only on	e cause per line for (a), (b), and (c).	TENCO	re Fr	ank (nu	isband)	LIN	TERVAL BETWEEN		
	T I. DEATH WAS CAUSED BY		1				0	NSET AND DEATH		
	. IMMEDIATE CAUSE	(a) Pneumonia						weeks		
7	7 / · DUE	TO					5	Several		
	ns, If any, which }	(b) Emphysema ac	evere. C	e Pull	monale		20	rears		
	se to Immediate ((a), stating the DUE						3			
	(a), stuting the	(c) Agthma						Several		
		ONS CONTRIBUTING TO DEATH BUT NO	TRELATED TO TH	ETERMINAL	DISEASE CON	DITION GIVEN IN F	PART 1(a) [1	9. WAS AUTOPSY		
 								PERFORMED?		
E 200 80	IDENT WAS UNDERLYING	20h BERONDE HOW BUILDIN	Canalinara (F	A	C talum to Di	and the an President and		YES NO		
PART II. 20a. ACC OR CON (IF EITH	RIBUTING CAUSE OF DEAT ER, NOTIFY MEDICAL EXAMIN	TH 20b. DESCRIBE HOW INJURY	OCCURRED. (E	ter nature t	ot injury in 15s	art i or Part ii oi	(tem 15.)			
	WE OF INJURY Month, Day,		 e. PLACE OF IN. factory, street, 	URY (Home, f	arm, 20f.	(City or town)	(County)	(State)		
[g] "	p.m. 19	While Not While at work	140(013) 011001	Ottioo Mediti	0.01/					
		oital) attended the deceased fro	3 Jami	arv ı	10 66 tol	5 James	v 10 66	that (IK (we) last		
24.	the deceased clive on 1	5 January 19 66, and	d that dooth o	nourred at						
	GNATURE	5 January 19 OV, and	u that death o	ccurren at	Z. J. L. L. L. H. I.	Jili the causes a	22b. DATE			
1	Paralle	1 P. Nolon	ATTEN	DING -	MED.	STAFF				
200 / 21	IYSICIAN'S	Go Lector	M.D. PHYS.	34	DIRECTOR	PHYS.	_15 Ja	unary1966		
		NELSON, MAJ, MC	22d.	ADDRESS						
23a. BURIAN	CREMATION, 23b. DATE T	THEREOF 23c. NAME OF CEM	ETERY OR CREM	IATORY	23d. L0	CATION (City, to	wa or county)	(State)		
Buria	1 (Specify) 1/18/6	6 Arlington	Natio	nal C	em. A	clingtor	. Vir	ginia		
24. FUNER				25a. RE	C'D BY REGIS	TRAR 256. RE	GISTRAR'S SI	GNATURE		
perna	ird Danzansky	y & Sons	C	part A N	100 0	000 101	instant	Judas.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending president and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) . COUNTY Page e. STATE b. COUNTY ral director. Page I for your files. MARYLAND b. CITY OR TOWN (if outside comporate lymits, willy RURAL end give reerst town) & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) ŏ d. NAME OF HOSPITA OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Severn e. IS RESIDENCE funeral ON A FARM? retained he State B Rd. YES THOK . Anowa 3. NAME OF DATE DECEASED OF the (Type or print) DEATH 1966 PAGE 1, Z, a... PAGE 5 may be pages 1 and 2 with the string 72 hours after the string 72 hours a 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. last birthday) Months Sept.4,1893 72 yrs. WIDOWED X DIVORCED male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Chicken Business Baltimore, Md. 13. FATHER'S NAME PM3 14. MOTHER'S MAIDEN NAME August F. Franke Christina Zang 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 138 N. Kenwott Ave. with fo (Yas, no, or unkown) ((Ifyesgivewerordetesofservice) Mrs. Anna T. Hutson, neice, yes W.W.1 Army none 18. CAUSE OF DEATH [Enlar only one cause per I na for (a), (b), and (c). Office along v burial-transit p noval, and in ERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) should be r's Office s a burial-t removal, **DUE TO** Conditions, if any, which (b) gave rise to immediate causa pending DUE TO Examiner's (w), stelling the underlying 0 cause lest. writing the word "pen a Chief Medical Examis Page 3 should be used to burial, cremation, o PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 01, 19, WAS AUTOPSY PERFORMED! 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury In Part) or Part (of item 18.) PRIMARY IT or CONTRIBUTING IT EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) 0 factory, street, office bldg., atc.) Hour a.m. While Not While the ď let work at work the certificate, forwarded to the DIRECTOR Ē 21. I certify that I took charge of the remains described above, held an Autopsy Inspection F and in my opinion death resulted Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execute the should be forward FUNERAL DIN ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 228, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ₽40 p 0 1/31/66 Glen Haven Mem. Park Burial Baltimore, Md. 24e. REC'D BY REGISTRAR | 24b. Funeral Home, Inc. VS. A15ME 5M 9/60 3331 Brehms Lane

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

i	1012	5		CERTIFIC	ATE	OF DEATH			Un	1120
1.	PLACE OF DEAT a. COUNTY	К			1	2. USUAL RESIDENC	E (Where deceased		ition: Residenc	e before admission)
	Anne A	rundel		MARYLA	ND I	a. STATE Marylan	d	b. COUNTY Anne	arund	le]
	b. CITY OR TOY	N (if outside corpora and give nearest to	ite limits,	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If	outside corporate			
		eorge G. Me		15 d avs		Odenton	Marylar	nd		., -/
	d. NAME OF HO	SPITAL OR INSTITUTE	ON (if not in hos	pital, give street add	iress)	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Kimbro	ugh Army Ho	spital			539 Map	le Ridge	Lane		YES NO
3.	NAME OF DECEASED		irst	Middle		Last	4. DATE OF	Month	Day	y Year
	(Type or print)	NATHAN		LARDSON		GARLAND	DEATH JE	nuary	11.	1966
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	L	. DATE OF BIRTH	_ i last	(In years IF birthday) Mo	UNDER 1 YEAR onths Days	Hours Min.
	Male	Caucasian	WIDOWED [_		Sept 3, 1880	8 77	yrs.	onuis Days	Hours Min.
10a	USUAL OCCUPATION MOST	TION (Give kind of work	-15 10 25	ALIO TIOU		11. BIRT HPLACE (Co	unty & State, or for	eign country)	12. CITIZEN COUNTR	
		ting life, even if retire	Chamb	er of Comm	erc	e Hennebin	Minne	sota	USA	
13	. FATHER'S NAM					14. MOTHER'S MAID	EN NAME	70.1	1 2	
	John T							RIC	hardso	n
15 (Y)	. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16. SO	OCIAL SECURITY NO.		INFORMANT		Address		
_	No	(If yes give war or dates	303	3-07-6403	Mr:	s Elizabeth	M Garlan	d Wife	same a	s # 2
		DEATH (Enter only or	/ 2	e for (a), (b), and (c).]	, / 1	1		INT	ERVAL BETWEEN SET AND DEATH
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	mantin	4	Heart	Faile	N.		
ľ	4 1	X DUE	TO /	1	n	00				
	Cenditions, If gave rise to		(b)	raphy	10 mg	ol // new	morria			
	cause (a), s	tating the DUE	10							
N	underlying cau	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	(c)	<i>V</i>					110	- Luxonov
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITI	ONSCONTRIBUTI	INC TO DEATH BUTNO	TRELA	TED TO THE TERMINAL D	ISEASE CONDITIO	N GIVEN IN PAI		WAS AUTOPSY PERFORMED?
FIC/	rai	anoma	07/-	rolle						ES NO
ERTI	OR CONTRIBUT	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	20b. DE	SCRIBE HOW INJURY	roccu	RRED. (Enter nature of	injury in Part 1 o	r Part II of II	em 18.)	
		_	1		-				10	104-101
MEDICAL	Hour a,	INJURY Month, Day, m.	While -	Not While		E OF INJURY (Home, fai y, street, office bldg., et		or town)	(County)	(State)
ME		m, 19	at work	at work						
						December, 19				
	saw the de		Luanuar	y 19 66 , an	d that	death occurred at	<u>ধিও</u> M, from th		d on the date	
	22a. SIGNATO	" / /	(Cura	/				TAFF		
	22c PHYSICI	AN'S	O y		M.D.	PHYS. D	IRECTOR P	HYS. 41	Jan 11,	700
	NAME (T PAUL		natolih 1	Madda-1 da		Kimbrough	Army Ho	sp. Ft	Geo G.	Meade, Md
232			aptain,	Medical Co. 23c. NAME OF CEN	rps		1 23d. LOCATIO			(State)
	REMOVAL (Sp	MATION, 23b. DATE	5/66	Fort Lin				ington,		, , , ,
24			1 1 1	/// ADDRESS	6011		'D BY REGISTRAR	25b. REGI	STRAR'S SIGI	NATURE
1	1-00-11	E Capins	1 X Deal	A AMAR	ou.	MI JAN	17 1966	of May	may you	usge

AI5 5 (4) 1/65 FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution, Rasidance before admission) a. COUNTY 3 to the funeral director. Page y be retained for your files, with the State Board of Health, a. STATE b. COUNTY Anne Arundel Maryland Anne Arundel MARYLAND b. CITY OR TOWN (if outside corporate imits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate l.m.ts, write RURAL and give nearest lown) write RURAL and give nearest town) Laurel, Maryland Laurel, Maryland d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give streat address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO NO - Box 109 3. NAME OF Middle 4. DATE Month Year DECEASED OF with the (Type or print) DEATH 19 66 JAMES OLIVER GRIMES 6. COLOR OR RACE 7. MARRIED DATE OF BRTH IF UNDER 24 HRS. NEVER MARRIED 9. AGE (In years HE UNDER I YEAR 2 with age 5 may 1 and 2 wil 72, hours last birthday) | Months and DIVORCED [63 white dale & USUAL OCCUPATION (Give kind of work 10b. KIND OF BUS NESS OR INDU 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, avan if ratired) peges FATHER'S NAME DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.1 (Yas, no, or unkown) | (Ifyas givawar or unlas of servica) 1B. CAUSE OF DEATH (Enlar only one cause par line for (a), (b), and (c).) ONSET AND DEATH IMMEDIATE CAUSE (a) Gunshot wound of head Office alon DUE TO removal, Conditions, if any, which (b) gava rise to immadiata causa ø (a), stating the undarlying Ехапіпет ō causa last. (c) cremation, PART II. OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 118 19, WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word K № Г Medical pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of Part II of IIem 18.) 20a EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Shot self in head 3 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (Stata) factory, streat, office bldg., etc.) Not While forwarded to the 19 66 at work at work Md. home Laurel A.A. 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection Inquiry and in my opinion death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE 1-5-66 DEPUTY MEDICAL EXAMINER DEPUTY **EXAMINER'S** Radiger Breitenecker, M.D. NAME (Typa) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 0 REGISTRAR A15ME

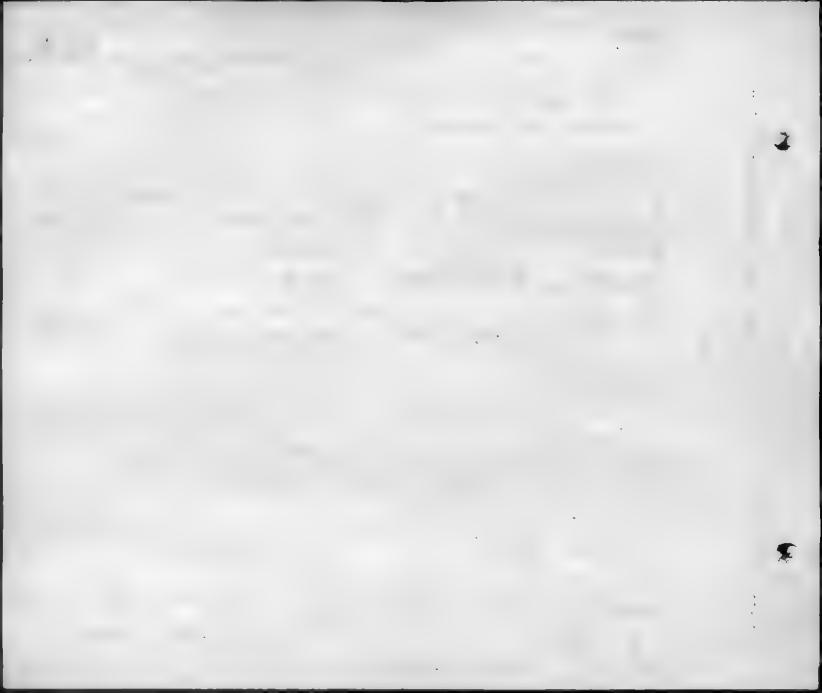
MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND



OF STATISTICAL RESEARCH STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before adm usion) #. COUNTY **b. COUNTY** MARYLAND b. CITY OR TOWN (if outside corporate 1 mils LENGTH OF STAY IN 16 OR TOWN (If outside corporete limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not an hospital, give street address) IS RESIDENCE ON AFARM? YES NO NAME OF Middle DATE Dav DECEASED OF DEATH (Type or print) 5 SEX 6. COLOR OR RACE AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthday) Months WIDOWED [DIVORCED 10e. USUAL OCCUPATION (Give kind of work IDb. KIND OF 12. CITIZEN OF WHAT COUNTRY? ortion or country) done during most of working hife, even if relired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar ynkown) | (Ifyesgivewererdates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gava rise to immadiata causa DUE TO (a), stating the underlying causa last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II) 19. WAS AUTOPSY PERFORMED? NO IZ CERTIFI 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Entar natura of injury in Part | or Part | of Iden 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20a, PLACE OF INJURY (Home, farm, ' 20f. (City or lown) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, straat, office bldg., atc.) While Not While Hour a.m. et work at work p.m. 19.6.6; that (I) (me) last and that death occurred at 2-4M, from the causes and on the date stated above. saw the deceased alive 22b. DATE 22e. SIGNATURE **ATTENDING** STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) rector, file-23s. BURIAL, CREMATION 23b. DATE THEREOJ 23d. JOCATION (City, town or county) O F A 24. FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE VR A15 (4) 15M 7-62

ADVIAND STATE DEPARTMENT OF HEALTH



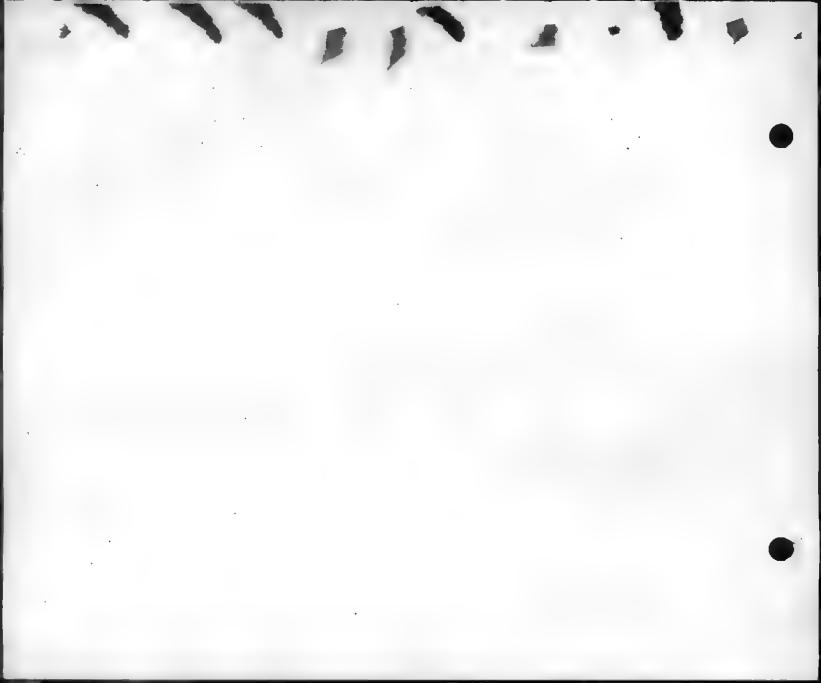
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in my the faneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-and-2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO NOTE I.A. OR ITTERDING FIFTHER. The law requirem than the meath certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

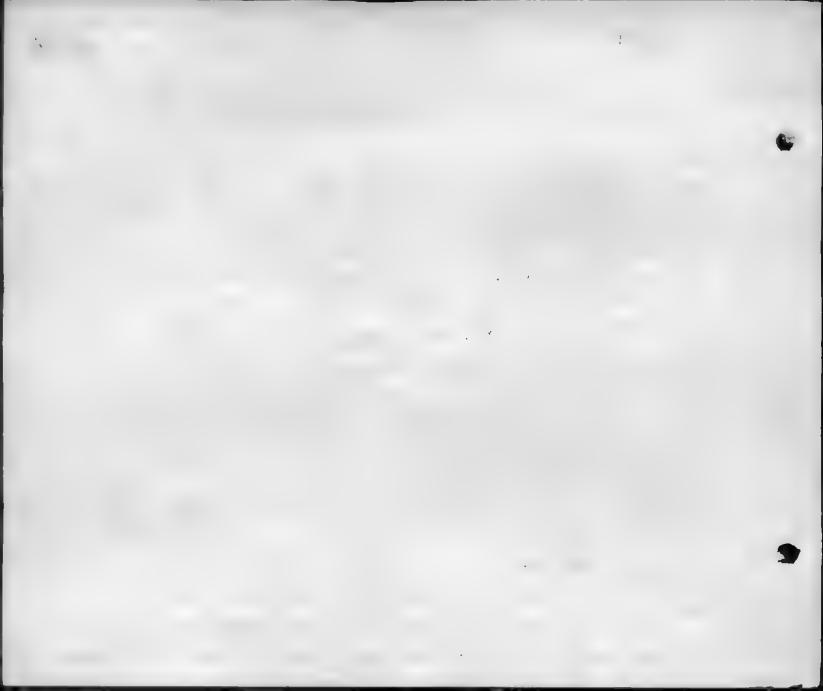
	U8120	CERTIFICATI	E UF DEATH		1111123
1.	PLACE DF DEATH a. COUNTY	11		there deceased lived, It institution:	: Residence before admission)
	- Hnne Hrun	del MARYLAND	a. STATE Man	land b. COUNTY A	an Arundil
	b. CITY OR IDWN (if outside corporate limits, write-RURAL and give nearest toyo)	c. LENGTH OF STAY IN 1b		de corporate limits, write RUR	
_	(sowns ville	10 days.	Cotton Carlo	Yzera Dea	cn.
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in h	iospital, give street address)	d. STREET ADDRESS	72	e. IS RESIDENCE ON A FARM?
_	Crowns wille Stail	e Kosp.	240 WANI	DAKOAD	YES NO
3.	DECEASED	Middle	Lasy 4.	DATE Month	Day Year
E,	SEX 6. COLOR OR RACE 7 MAPPIER	_ H 1/2	addawny	DEATH LANGUE	
٥.	T 1 P. O. I -1 MARRIED	X HEVER HIMRRIED	DATE OF BIRTH	9. AGE (In years IF UND) last birthday) Months	ER 1 YEAR FUNDER 24 HRS.
1Da	PEMALE WIDOWED B. USUAL OCCUPATION (Sive kind of work done) 1Db. F	CIND OF BUSINESS OR	11. BIRTHPLACE (County)	JS yrs.	CITIZEN OF WHAT
dur	ring most of working life, even if retired)	INDUSTRY	ha county		COUNTRY?
13.	HOUSEWIFE FATHER'S NAME	TOME	14. MOTHER'S MAIDEN N	AME	115
	Cha. 100 N.	1dans	M. 41.1	& Skohull	P
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. T 17.	INFORMANT	Addréss	•
(Yt	es, no, or unkown) (If yes give war or dates of service)	17-07-4950	Hoen Lal	Char F.	
-	18. CAUSE OF DEATH (Enter only one cause per	7 7 7 6	The same	/	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Inoraschia.	1 Inlance	Luri	ONSET AND DEATH
	420 / DUE TO		71		
	Conditions, If any, which \ (b)	oronary	Inom bos	is .	
	gave rise to immediate (cause (a), stating the DUE TO	11.10			
2	underlying cause last. (c)	troling scher	osis		
AT10	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1	a) 19. WAS AUTDPSY PERFORMED?
IFIC	200 ACCIDENT WAS INDEDIVING THE	DECORDE HOW IN HOW COOK	0000 10 A		YES ND
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUP	KKED. (Enter nature of injui	ry in Part I or Part II of Item :	18.)
MEDICAL			E OF INJURY (Home, farm,	20f. (City or town) (C	County) (State)
MED	Hour a.m. While p.m. 19 lat wor	mot walle r	y, street, office bldg., etc.)		
	21. I certify that (I) (this hospital) ettend		9th Jan 1961	2 to 29 th Jan 19	that (I) (we) last
	saw the deceased alive on 29 ma			2M, from the causes and on	
	22a. SIGNATURE		ATTENDING MED.	22b.	DATE SIGNED
	22c. PHYSHOIAN'S	11/28CM M.D.	PHYS. DIREC	TOR PHYS.	129/66.
	NAME (Type) HUIN []	Jama San	22d. ADDRESS	454/10	Lafa Hoepil
23a	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 2	3d. LOCATION (City, town or o	county) (State)
	REMDVAL (Specify) 2-3-66	STILL PONT	D CEMTY	STILL POND	MD
24	FUNERAL DIRECTOR	ADDRESS		Y REGISTRAR 25b. REGISTRA	IR'S SIGNATURE
	site it Fineral House	:tillonnel	ME STEEL 4	1966 Julianies	Judge

VR AI5 (4) 2DM 1/65

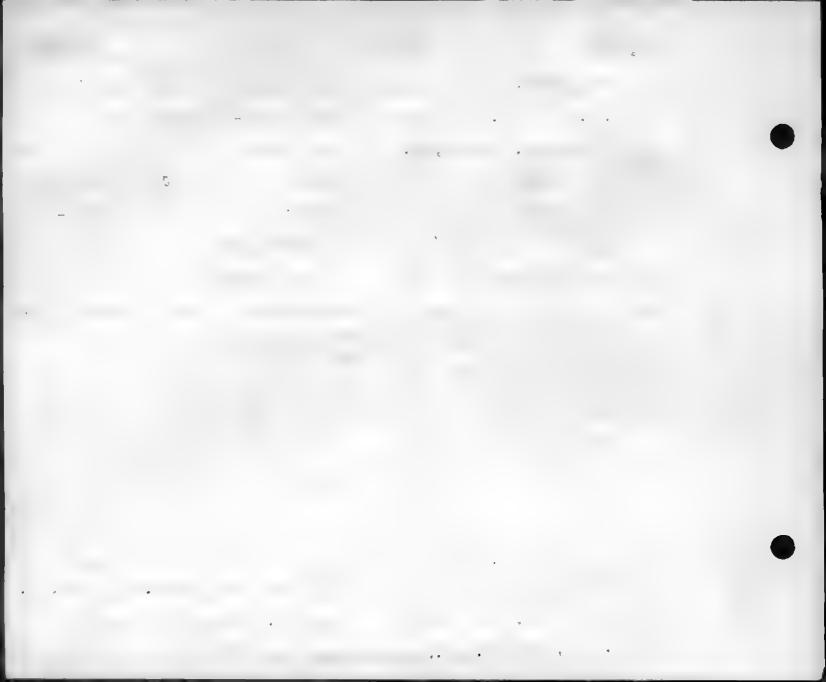


W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admiss or . COUNTY the to and 2 leath. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 15 waite RURAL and give neerest town) eale IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 19 completely 3. NAME OF E rst 4. DATE Dev M ddle DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED WEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX pue last birthdey) . Months: Devs Hours WIDOWED [D. VORCED phys.cian USUAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? Se 13. FATHER'S NAME ARMED FORCES? 116 SOC AL SECURITY NO 18. CAUSE OF DEATH [Enter only one cousa peg-PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to Immediate cause DUE TO (a), stating the underlying cause lest. PART I OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY cert.ficate PERFORMED? NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Pert II of item 18.) After this 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED, 2De, PLACE OF NJURY (Home, farm, 20f, (City or town) (County) (State) While Not While factory, street, office bldg., etc.) DIRECTOR: Af Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) aftended the deceased from . Other 1960 1960, that (I) (we) last to, 📆. ..., and that death occured at. M, from the causes and on the date stated above. saw the deceased alive on . 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS PHYS. FUNERAL 22d ADDRESS 22c. PHYS.C AN'S NAME (Type) director, i 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23. BURIAL, CREMATION, | 236 DATE THEREOF (State) REMOVAL (Specify) OUY Ld dy orr REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S, SIGNATURE VR A15 (4) 15M 9/III0 DATE

MARYLAND STATE DEPARTMENT OF HEALTH.



1	1	Item 18 Film G578 6/MARYLAND STATE DEPARTMENT OF HEALTH	
1 1/2		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
# 604W		00130 CERTIFICATE OF DEATH	00125
death.	1.	a points	sidence before admission)
		ANNE ARUNDEL MARYLAND S. STATE KENTLICKY LET	TCHER
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL)	and give nearest town)
로 로 호		FT GEO. G. MEADE. MD. 3 MONTHS FOLTA (DIDAT LIJTER CRITICAL CATARA)	, Ang.
filled sapers, in 72 h		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
rthin 2.	_	1616F FORREST AVE, FT MEADE, MD. RURAL ROUTE	YES NO
uted within completely by event, within	3.	NAME OF First Middle Last 4. DATE Month OF	Day Year
ted wi comple ve cart event,		(Type or print) NORMAN REED HAMPTON DEATH	29 19 66
executed and com remove c	3.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER) last birthday) Months	Days Hours Min.
execu and remoi	10		TIZEN OF WHAT
te be e vsician pease r	du	and most of working life, even if retired) INDUSTRY CO	UNTRY?
nte Ples	12	N/A N/A MUNICH, GERMANY U.	SA
th certificate trending physical and removal a	1		
rem din	1	NEWELL REED HAMPTON ERIKA BERTALANICS 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
中 発音さ	Ŕ	es, no, or unkown) (If yes give war or dates of service)	
e death the atte t permit ation, or	\vdash	N/A N/A N/A N/A NEWELL HAMPTON 1616F FORREST	AVE FT ME
# - \$ E E		PART I. DEATH WAS CAUSED BY: DIA FILL OF LINE DESCRIPTION OF LINE	ONSET AND DEATH
that ysician igned l		IMMEDIATE CAUSE (a) DEATH OF UNDETERMINED ORIGINS	
es t hysi sign rrial		Conditions, if any, which \ DUE TO PENDING AUTOPSY REPORT	
ding p been the bur		gave rise to immediate (
faw recattendir has be as the prior i		cause (a), stating the underlying cause last. (c) "Crib death"	
faw atte has e as o pr	ĕ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
ICIAN: The 1s ospital or at certificate hed for use tt. of Health p	CERTIFICATION		PERFORMED?
Pital of fo		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
or cel		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSICIA the hospi this cert detached e Dept. of	MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	nty) (State)
by the tate		Hour a.m. While Not While factory, street, office bidg., etc.) p.m. 19 at work at work	
NDI NDI NDI NDI NDI NDI NDI NDI NDI NDI	Г	21. I certify that (I) (this hospital) attended the deceased from, 19, to, 19	, that (I) (we) last
L OR ATTENI y be retaine DIRECTOR: age 3 should		saw the deceased alive on19, and that death occurred atM, from the causes and on the	
OR AT be ret IIRECT ge 3 sl			TE SIGNED
ay bay by bage bage filec		SIDNEY SHANKMAN/CAPT/MC M.D. ATTENDING MED. STAFF PHYS. 29	IAN_66
FRA PTT		22c. PHYSICIAN'S Sidele Mauburan Cof Me 22d. ADDRESS KIMBROUGH ARMY HOSPITAL FT	MOADE NO
O HOSPITAL OR A Page 4 may be ra O FUNERAL DIREC director, page 3 should be filed wi	234	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cou	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2.50	REMOYAL (Specify)	
	24	BURIAL 2 Feb. 1966 ARLINGTON NATIONAL CEM. ARLINGTON, VIRGINIA FUNERAL DIRECTOR ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR	
VR A15 (4)	H	arold S. Wade, 550 Wash. Blvd., Laurel, Maryland DATE 29 JAN 66	
15M 4-64	I=	966 Scharle	y Judge
			0



Item 18 Film G373 2/1MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY CROWNSVILLE MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL end give nearest town) etely filled in by bon papers. Page within 72 hours write RURAL and give nearest town) TIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) B. IS RESIDENCE DN A FARM? ND . YES completely we carbon NAME DE Middle Month DECEASED event, (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS MEVER MARRIED birthday) DIVORCED [WIDOWED 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME гетомат the signed by the attention burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PAILURE DUE TO Conditions, if any, which (b) gave rise to immediate 記記 DUE TO Decubital ulcers, multiple cause (a), stating the as to underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for us PERFORMED? -HPONIC BRAIN SYNDROME SEC. CEREBRAL 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) r this certify detach MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State I factory, street, office bldg., etc.) Hour a.m. Not While at work p.m. at work ъ 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: be and that death occurred at 7.35 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. ATTENDING PHYS. MED. ADDRESS PHYSICIAN'S 22d. director, NAME (Type) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY ~LOCATION (City, town or county) (State) REMOVAL (Specify) ENUNZ FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. **ADDRESS** REGISTRAR'S SIGNATURE

VR A15 (4) 20M 1/65

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PHYSICIEN:

attemding physician.

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certificate

After



24 hours after death

death certificate be executed within

MARYLAND STATE DEPARTMENT OF HEALTH

1	DIVISION OF STATISTICAL RESEARCH AND RECORDS	i, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
1	00132 CERTIFICATI	E OF DEATH	00126
1.	PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	
	a Anne Arundel MARYLAND	a. STAMORY & ACHIEV Arun	ndel
_	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL at	nd give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Glen Burnie	e. IS RESIDENCE
	North Arundel Hesp.	407 E Furnace Branch Rd.	DN A FARM?
3.		Last 4. DATE Month	Day Year (-(-
	(Type or print) Louis Sylvester Harter	nstein DEATH Jan.	1, 19 65
5.	T. MARNIED TO THE TOTAL	8. DATE OF BIRTH 9. AGE (in years FUNDER 1 Months D	YEAR IFUNDER 24 HRS.
	Male White WIDDWED DIVORCED	of hece tand on Aust	
10a dui	INSUAL OCCUPATION (Give kind of work done 10b. Kind OF BUSINESS OR INDUSTRY 10b. Kind OF BUSINESS OR INDUSTRY	CDU	IZEN OF WHAT
	Ing most of working life, even If retired) Invern Owner SELT Emp.		J.S.A
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
<u> </u>	John J. Hartenstein	Tillie (Unknown)	
	s, no, or unknwn) (If yes give war or dates of service)	INFORMANT Address lizabeth Hartenstein (wife)	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	factor	ONSET AND DEATH
	4201		
	Conditions, If any, which) (b) QSCC AD		
	gave rise to immediate (cause (a), stating the DUE TO		
_	underlying cause last. (c)		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	(TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 1
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COUDER CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	, 4
		ICE OF INJURY (Home, farm, 20f. (City or town) (Coun	ty) (State)
MEDICAL	Hour a.m. While Not While facto	ry, street, office bldg., etc.)	
2	21. I certify that (i) (this hospital) attended the deceased from	12 July 1961, to 1300, 1960	that (I) (we) last
	saw the deceased alive on 13 Dec 65 19, and that	t death occurred at 11 30 M, from the causes and on the	e date stated above.
	22a. SIGNATURE	22b. DA	TE SIGNED

ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF

PHYSICIAN'S NAME (Type)

NAME OF CEMETERY OR CREMATORY

4016

23d. LOCATION (City, town or county) (State)

Jan. 66 24. FUNERAL DIRECTOR Singleten

Glen Haven Memorial
ADDRESS | 25a Singleton Funeral Home/ Glen Burnie, Md.

osnowshi

1966

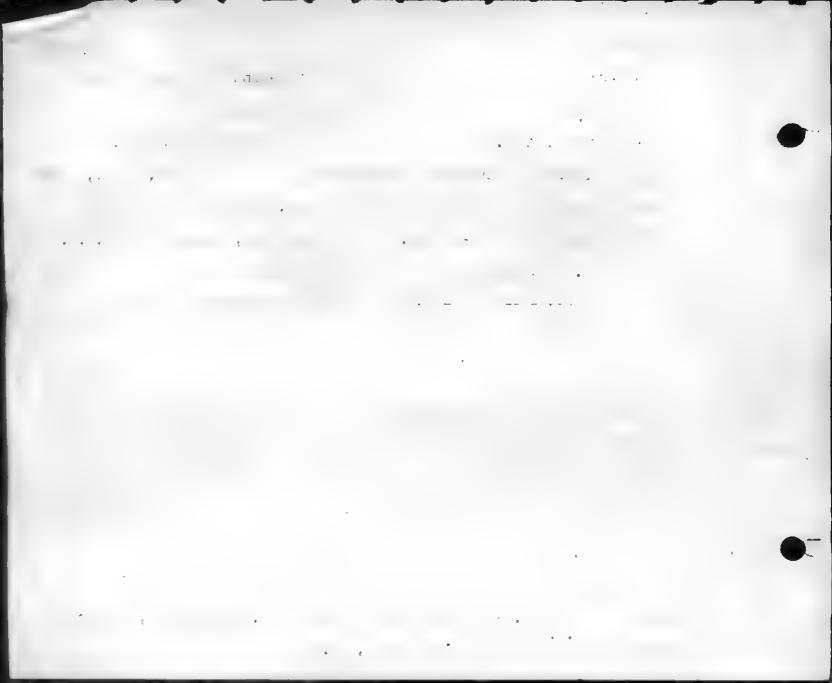
chie

Pk. Glen Burnie, Maryland REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

funeral and 2 and 2 death. and in any event, within 72 hours after TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages 1 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after 3 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Pags 4 may be retained by the hospital or attending physician.

VR / AI5 (4)¹ M 1/65

TO HOSPITAL



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and completely filled in by the funeral remove carbon papers. Pages 1 and 2 and 2 any event, within 72 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY **b. COUNTY** Anne Arundel Anne Aruhdel Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Life Annapolis

d. NAME OF HOSPITAL OR INSTITUTION (if not in pospital, give street address)

Anne Arundel General Hospital Annapolis d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 26 Bunche St. NO X YES 3. NAME OF First OATE Middle Last Month Day Year DECFASEO HAYES 1966 Joshua (Type or print) ISaac DEATH January 5. SEX 6. COLOR OR RACE 17. MARRIED XX NEVER MARRIED 8. DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days Hours DIVORCED TDec. 2-1905 WIDOWED [Negro physician a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) Self Employed Anne Arundel - Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova has been signed by the attending as the burial-transit permit. Thei prior to burial, cremation, or remov Henrietta Perry Hayes Murray 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 17. INFORMANT 16, SOCIAL SECURITY NO. Address 214-18-2104 A Rosalee C. Hayes-26 Bunche St. Anna. Md. No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
/ IMMEDIATE CAUSE (a) or attenling physician. DUE TO Conditions, If any, which everin gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. for use Health p r this certificate h detached for use te Dept. of Health I NOX X YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 2Dc. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. After Id be d While Not While b.m. at work at work retained the 21. I certify that (I) INCOME Cattended the deceased from DIRECTOR: Jage 3 should led with the saw the deceased alive on and that death occurred M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED þ O FUNERAL DIRE director, page 3 should be filed v MED. DIRECTOR ATTENDING STAFF averel PHYS CIAN'S NAME (Type) 22d. ADDR ESS Gerard Church. M.D. Cathedral St., Annapolis, Md. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, Bur REMOVAL (Specify) 2 Feb. 2-66 Broadneck Meth. Church Annapolis-A.A.Co. Md. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS C.E.Hicks 111 Annapolis, Md. 1966

hours after erecuted certificate eat The lam requires that The TTENBING VR A15 (4) 20M 1/65

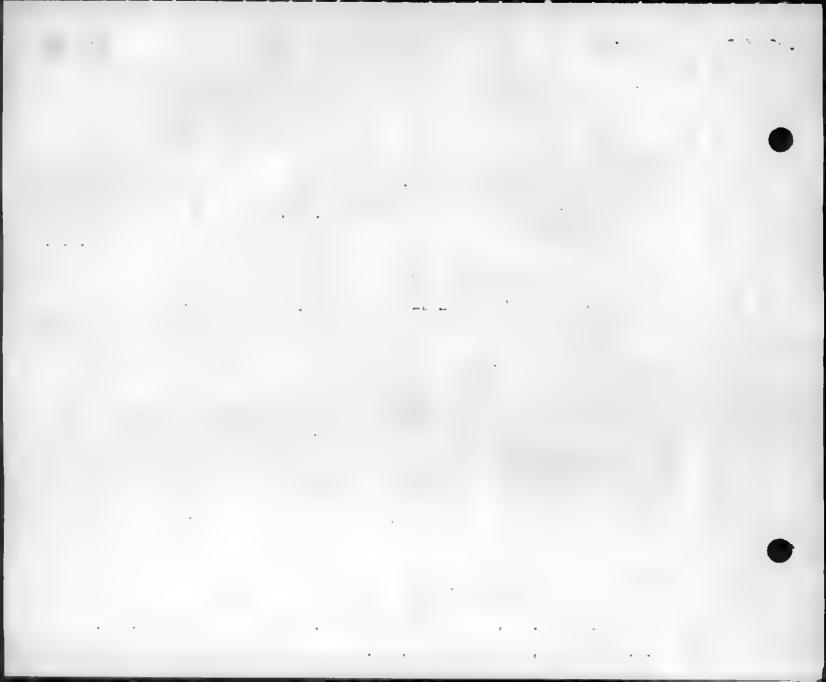
death.



MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00134 CERTIFICATE OF DEATH

1		F DEATH			2. USUAL RESI	DENCE (Where dec			dence before	admission)	
l	a. COUN	F	NNE ARUNG	DEL MARYLAND	a. STATE	MARYLAN	D b. COUN	ANN Y	E ARL	NOEL	
-	b. CITY	OR TOWN (if outs	de corporate limits nearest town)			N (If outside corp	orate Ilmits, wri	te RURAL ar	nd give nea	rest town)	
l	ALLES	GLEN E				GLEN BUR	NIE		6	1	
ľ	d. NAMI	E OF HOSPITAL OR	INSTITUTION (If no	t in hospital, give street addre	ss) d. STREET ADDE	RESS				ESIDENCE A FARM?	
ı		120 CAF	ROLL ROAD		120	CARROLL	ROAO			No X	
ľ	3. NAME O		First	Middle	Last	4. DATE	Month		Oay	Year	
ı	DECEAS: (Type or		MILORE	D F.	HERPEL	DEATH	JANUAF	RY	8 1	9 66	
ľ	5. SEX	6. COLO	OR RACE 7. MAR	RRIED NEVER MARRIED	8. DATE OF BIRT	Н 9.	AGE (In years last birthday)				
I	FEM/	ALE WHI	TE WIDE	OWED DIVORCED	OCT. 24,	1924	41yrs				
	10a. USUAL C	OCCUPATION (Give a		10b. KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLAC	CE (County & State,	or foreign country)	12. CITI	ZEN OF WH NTRY?	IAT	
ı		HOME MAKE		OWN HOME	V	IRGINIA			U.B. F	l.,	
ľ	13. FATHE	R'S NAME			14. MOTHER'S	MAIDEN NAME					
1		HER	RBERT SAN	FORD NULL		BESSIE V	IRGINIA				
ľ	15. WAS DEC	CEASED EVER IN U.	S. ARMED FORCES? war or dates of service)		7. INFORMANT		Addres	\$			
	NE	7777	7777777	2万0+14-0510	JOHN F. H	ERPEL	SAME AS	# 2			
F	18. CA	USE OF DEATH [Er	nter only one cause	per line for (a), (b), and (c).]	, ,	-			INTERVAL ONSET AN	BETWEEN	
ı	PA	RT I. DEATH WAS IMMEDI	CAUSED BY: ATE CAUSE (a)	Corenary	Chrond	8207				243	
l	1.4.	7 ;	DUE TO			1.	4./ 1		,		
ı		ons, if any, whic		whary all in	worth res	IC TEUR	Mesea	20_	1-1/c	ar	
ı		ise to immediat (a), stating th									
١		ing cause last.	(c)						1		
ı	PARTII.	OTHER SIGNIFICAT	NT CONDITIONS CON	TRIBUTING TO DEATH BUTNOTR			DITION GIVEN IN I	PART 1(a)	19. WAS AUTOPSY PERFORMED?		
ı	2					YES NO					
- 1		CIDENT WAS UND TRIBUTING CAL HER, NOTIFY MEDI	ERLYING 1 2 ISE OF DEATH CAL EXAMINER)	Ob. DESCRIBE HOW INJURY O	GGURRED, (Enter nati	ure of Inju <i>r</i> y in Pa	rt I or Part II o	r (tem 18.)			
1	9 1	IME OF INJURY M	onth, Day, Year		PLACE OF INJURY (Horectory, street, office bi		City or town)	(Count	(y)	(State)	
1	8 H	our a.m.		While Not While twork at work	1	48-10-10-1	7				
ı	21.	I certify that (I)	(this-hospital) a	ttended the deceased from.	June 1	_, 19,5 (2), to	anyany	8, 1966	e, that (I)	(we) last	
ł				very is 19 fele, and		at AMARO	m the causes			ed above	
ı	22a. S	IGNATURE	Bu C	1 /// .	ATTENDING -	MED.	STAFF	22b. DAT	E SIGNED	//	
ı		67.111	Mre Lle	ighten	M.O. PHYS.	DIRECTOR	PHYS.	1//	8/4	16	
ı	22c. P	HYSICIAN'S IAME (Type)	1.2 /ich	augh hin	22d. ADDRE	Marcuta ?	u Ross	1, 10	cach	cea-	
	23a. BURIA	L, CREMATION, 2	3b. DATE THEREO	F 23c. NAME OF CEMET	ERY OR CREMATORY	23d. LO	GATION (CIty, to	wn or coun	ty)	(State)	
1	81	JRIAL 13	AN. 12,1		V						
		AL DIRECTOR	7.004	ADDRESS	25a.		0001	GISTRAR'S	SIGNATURE	2	
	R.V.	. SINGLET	UN, GL	EN BURNIE, MO.	DATE	an 14 19	66 100	conley	Judge	_	

VR A15 (4) 15M 4-64



FOR STATE HEALTH DEPT.

O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. pages 2 and 2 with the State Department in any event within 72 hours after death. TO DEPUTY MED

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit memmit. File of Health or its designated agent, prior to burial, cremation, or removal, and VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

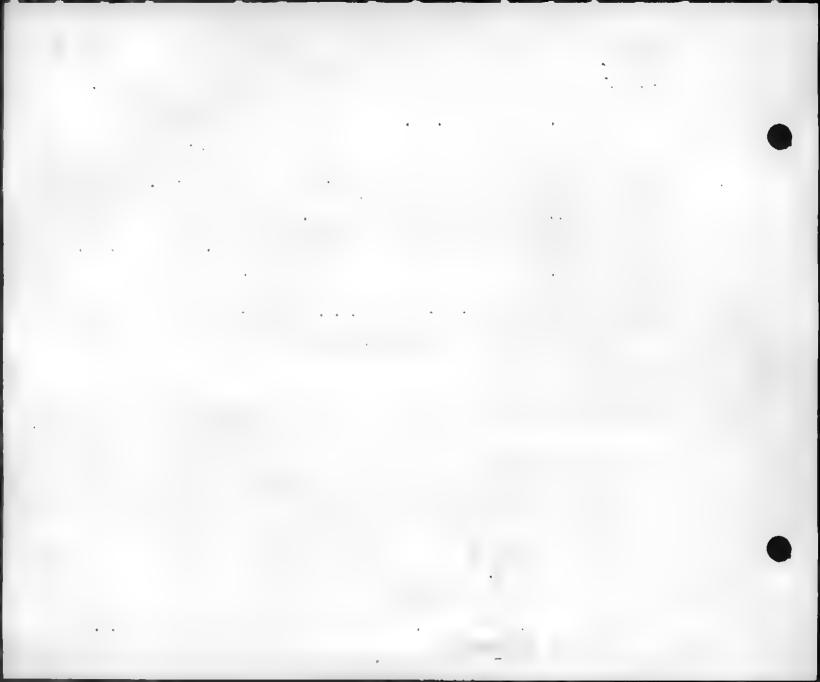
_001	35	MEDICAL	EXAMINER'S	CERTIFICATI	E OF DE	ATH	()	0129
1. PLACE OF a. COUNTY	A-A CO	he	MARYLAND	2. USUAL RESIDENCE a. STATE	E (Where deceas	b. COUNTY	ition: Residence	e before admission
CUR A	TOWN (If outside course and give neers	st town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF		ate ilmits, write		e, IS RESIDENCE
	- NOR 1h.			8026 F/	Smalle	ad Ro	nd.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or p	Int) /	Paul	Middle	Idig don	4. DATE OF DEATH	Month	Day ≯√	1966
s. sex	6. COLOR OR White	RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Oct. 26, 19	2	GE (in years IF birthday) yrs.	onths Days	Hours Min.
during most of Stock	working life, even if	fworkdone 10b. Kr retired)	IND OF BUSINESS OR IDUSTRY Le Lired	Mary.		country)	12. CITIZEN COUNTR USA	OF WHAT
13. FATHER'S	orge W.	Higdon		14. MOTHER'S MAID		Creight	on	
15. WAS DECE	ASED EVER IN U.S. ARI	MED FORCES? 16.		informant frs. Amelia		n Burn an, 20		
	E OF DEATH [Enter of I. DEATH WAS CAUS IMMEDIATE	ED BY:	ine for (a), (b), and (c).]	enemly -	2		ZON	ERVAL BETWEEN SET AND DEATH
gave rise cause (a underlying	to immediate (), stating the cause lest.	(b) DUE 10						
PART II. 01	HER SIGNIFICANT CO	NDITIONS CONTRIBU	ITING TO DEATH BUT NOT REL	ATED TO THE TERMINAL C	ISEASE CONDIT	TON GIVEN IN PA		WAS AUTOPSY PERFORMED?
PARTIL OF PRIMARY CAUSE OF	ERNAL CAUSE WAS or Contributing DEATH.	20b. [DESCRIBE HOW INJURY OCC	URRED (Enter nature of	Injury In Part	l or Part II of I	tem 18.)	
중 20c. TIM	E OF INJURY Month r a.m. p.m.	Day, Year 20d. II While 19 et work	- Not While - fact	ACE OF INJURY (Home, fa ory, street, office bldg., e		ly or town)	(County)	(State)
	ertify that I took esulted from:		ains described above, he Accident , St	eld an Autopsy, licide, Homici CHIEF MEDICA		ndetermined m		nd in my opinio
ACTUAL SIGNATUR	E frem	Part	. 1	M.D. ASSISTANT ME			11	2. DATE SIGNED
EXAMINE (Ty 23a, BURIAL,	pe) /= ·	LIN GHELL	1 23c. NAME OF CEMETER	Address (Stree	t, city, town, o	4	/21 /C	(State)
Buria.	L (Specify)	27/66		n Memorial	Gl	en Burn	de. M	a .
		al Home,	Glen Burnie			256		1 0

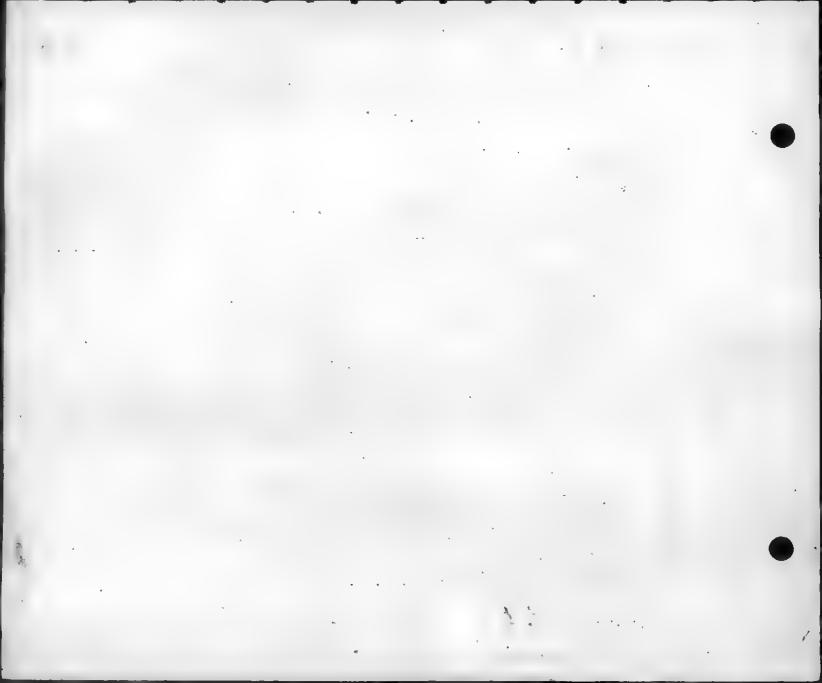


4		197)	DIVISION OF S	TATISTICAL	MARY RESE	ARCH AND R	ECORDS	PARTMENT O 5, 301 W. PRESTO E OF DEAT	ON STR	LTH EET, BA	LTIMOF	RE 1, MA	RYL	and 0130
er death.	the funeral es 1 and 2 after death.		1.	PLACE OF OEATH a. COUNTY Anne	Arunda	il So		ARYLAND	2. USUAL RESIDER	ICE (When		red, (f insti	itution: Res	idence	before admissi
rs after	by Pag			b. CITY DR TOWN (if outs write RURAL and give		mits,	C. LENCTH OF S		c. CITY OR TOWN (•	Imits, writ	e RURAL a	nd give	nearest to
24 hours	d in rs. 2 hot			d. NAME OF HOSPITAL OR		f not in ho			d. STREET ADDRESS			_ j _ f ·	4	0.	IS RESIDEN
in 24	tely filled i	6		Organsville	state	H _г . , , ,	ital		Unkni					Y	DN A FARM
wed within			3.	NAME OF DECEASED	First	tor	Middle		Last	4. OA		Month		Day	Year
ed	777 E		5.	(Type or print) 7:2371 SEX 1 6. COLO			NEVER MARI	DIED [7] E	8. DATE OF BIRTH	OE	ATH 19. AGE (I	n vears!!	FUNDER 1	YEAR!	19 5 FUNDER 24 H
execut	and remove			h. [/ uuI		AIDDMED	-	CED [1882		last b	r years i	Months D	ays	Hours Mi
	an and e remo		1Da	USUAL OCCUPATION (CIVE ing most of working life, e					11. BIRTHPLACE (County & S	tate, or foreig		12. CIT	ZEN D	F WHAT
e pe	physician n please al, and in			nemployed	ien ii letiica)				Kent Ja	inty			COU	NTRY?	A
ficat	phy or pl		13.	FATHER'S NAME					14. MOTHER'S MA	DEN NAM	E				-
ert.	ding pl Then remova		- 15	Bill Hill					Nand	су					
death certificate	tten nit.		(Ye	WAS DECEASED EVER IN U.s., no, or unknown) (If yes give	S. ARMED FORCE war or dates of seri	S? 16.	SOCIAL SECURITY	1				Address	5		
dea	the atten it permit. iation, or			1.0					· :pit l ·	bro	~				
that the	n. by the as msit perr remation,		1	18. CAUSE OF DEATH [E] PART I. DEATH WAS					c wrt .	i n :	t a			DNSE	VAL BETWEE T AND DEATI
hat	ysician. Igned by ial-transi			IMMEDI	ATE CAUSE (a)_	, , T	0 11 12	. 1 01			*. 2				
83	physi sign burial burial			Cenditions, If any, which	DUE TO	Ge	neral A	rterio	sclerusis						
requires	ding p been the bi			gave rise to immediat	e (
= =				cause (a), stating th underlying cause last.	e (c)										
<u>a</u>	* - " -		TION	PART II. OTHER SICNIFICAL		-	TINC TO DEATH BU	UTNOTRELA	TED TO THE TERMINAL	DISEASE	ONDITIONO	CIVEN IN P	ART 1(a)	19.	WAS AUTOPS
Ě	ificate h	P21.	FICA		בת חבי	-	r tin							YES	
PHYSICIAN:	hospital or a certificate ched for use pt. of Health		CERTIFICATI	2D2. ACCIDENT WAS UNDO OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDI	ERLYING [] ISE OF DEATH CAL EXAMINER)	20b. D	PESCRIBE HOW IN	UJURY DCCU	RRED, (Enter nature	of Injury I	n Part I or I	Part II of	Item 18.)		
PHY	the this deta		MEDICAL	20c. TIME OF INJURY M			JURY OCCURRED	20e. PLAG	CE OF INJURY (Home, ry, street, office bldg.,	farm, 20 etc.)	f. (City or	town)	(Count	y)	(State)
2	d by t After d be d		MED	pm.	19	While at work	Not While at work]							
Q	E 25 E			21. I certify that (I)		attende	d the deceased	d from			to 1/1		<u>, 1986</u>	_, tha	t (I) (we) I:
E	CTO CTO Sho			saw the deceased al	ive pri		19 75	., and that	death occurred at): - M	from the	causes a	nd on the		
80	y be retai DIRECTOR age 3 sho lled with t			ZZd. SIVINTURE	Muce	lex2		44.5	ATTENDING	MED. DIRECTO	STA PHY	FF _	1/1	ESIG	F
SPITAL	4 may	1		22c. PHYSICIAN'S NAME (Type)	3 0 0	ict,	1°.D.	M.D	22d. ADDRESS			_	it	7 9	:O.
TO HOSPITAL	Page 4 may TO FUNERAL director, page 5		23a	BURIAL, CREMATION, 2 REMOVAL (Specify)	3b. DATE THER	REDF	1 1		OR CREMATORY	1	LDCATION				(State)
le-e	_ (\	24	FUNERAL DIRECTOR	7/1 //P?		Univer	1 ty	1 25a Ri		EGISTRAR		CISTRAR'S		TURF
V	R A15 (4)(T	1		MALES	The of	3.		:[]1	S.Md. parAi	A 40 1 1	וטייט	3	erent t	1:5	- 1



MARYLAND STATE DEPARTMENT OF HEALTH





FOR STAT necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-trans. † permit, File pages land 2 with the State Department of event within 72 haurs after death. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death Health or its designated agent, prior to burial, crematian, ar remova, and in any

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE, MARYLAND 21201

	00139		MEDICAL EXAMINER	S CERTIFICATE O	OF DEATH	00132
1	PLACE OF DEATH o. COUNTY	Aco	MARYLAND	2. USUAL RESIDENCE (o. STATE	Where deceased lived if institution b. COUNT	
	RURAL and	outside corporate limits, give nearest town) GTLEN	10 yrs.	Pass	uts de corparate limits, wr te RUR;	A. and give nearest fown)
	d. NAME OF HOSPITA		iospitol, give street oddress)	d STREET ADDRESS	been was	e IS RESIDÊNCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Wintle	A Middle G.	ohnson	4 DATE Mon#	Day Year
)	SEX	w	NARRIED MEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH	9 AGE (n yeors lost birthdoy)	Months Days Hours Min
dur V	ing most of working lending Ma	(Give kind of work done telleven if retired) ch. Technicia)	10b KIND OF BUSINESS OR INDUSTRY Al Green Enterp	rises Balt	or foreign country) imore, Maryland	12 CITIZEN OF WHAT COUNTRY?
13.	FATHER S NAME			14. MOTHER'S MAIDEN		
10		R. Johnson IN U.S. ARMED FORCES?	1/ 606141 616118179/ 116	L111	ian B. Gilbert	
(Y)	s, no, ar unknown) (If yes give wor or dates of serv	215-10-2423 M		Addres Johnson-118 A	
	PART I DEATH 4 3 4 4 Conditions, if ony, rise to immediate stating the underlost.	which gove (b)	r line to (o), (b), and (c).)	lasorhum		INTERVAL BETWEEN QNSEL AND DEATH
ATRON	PART I OTHER SIG	NIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	O THE TERM NAL DISEASE CO.	ND TON G VEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
CERTIFI(200 EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.		20b DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injusy in	Port I or Part II of Item 18.)	
MEDICAL	20c. TIME OF the of Hour o.m. p.m.	RY Month, Doy, Year 19		LACE OF INJURY (Home, forn octory, street, allice bldg., etc		(County) (State)
	21. I certify deoth results		the remouns described obove, uses Accident . Si	held on Autopsy [], Jicide [], Homicide	Inspection , Inqui	, <u> </u>
	MCTUAL SIGNATURE	Tuleus	7	CHIEF MEDICAL M.D. ASSISTANT MED	EXAMINER DICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S NAME (Type)	E. LIWA	ARST.	DEPUTY MEDICA Address (Stree	AL EXAMINER DEL.	1.31.66.
230	BURIAL, (REMAT OF REMOVAL (Specify) Burial	23b DATE THEREOF	23c NAME OF CEMETERY C	ational Cem.	23d LOCATION (Cry or Tow	
	FUNERAL DIRECTOR		ADDRESS	. 25 a. REC	B 7 1966 PEG	ISTRAR'S SIGNATURE
ti	eorge J.	douce → 4001	Ritchie Hgwy.	DATE	1200	The state of the s

VR A15ME (5)

In fram - 7.1 & 373 - 2/7/66-m3

CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY **b.** COUNTY Anne Arundel Md. MARYLAND b. CITY OR TOWN (if outside corporate limits. e. LENGTH OF STAY IN 16 E. CITY OR TOWN (If putside corporate limits, write RURAL and give neerest town) write RURAL and give nearest lown] Magothy Forge, Pasadena Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) North Arundel Hosp. 3. NAME OF 4. DATE Middle Month DECEASED OF Dorathy Annette Johnston Jan. 23. (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last burthday) May DIVORCED T WIDOWED F Ha. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Baltimore, Md. Chem. Co. Bookkeeper 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME William Eaton Annette Glesler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) (lifyes give wer or detes of service) Mr. Robert Rousset Annapolis. 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART IL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.] Not While Hour a.m. at work at work 22...., 1966, that (I) (we) last 1 L 1966, and that death occurred at Jahn, from the causes and on the date stated above. saw the deceased alive on...... 22e. SIGNATURE ATTENDING DIRECTOR PHYS 22d_ ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) Burial Loudon Park Cem. Baltimore, Md. 25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 15M 7/61 F. DENNY, INC. 715 Light St

STREET, BALTIMORE 1, MARYLAND

A .

e. IS RES DENCE ON A FARM?

YES NO

1966

Year

INTERVAL BETWEEN

6 clary

PERFORMED? NO D

(State)

22b. DATE

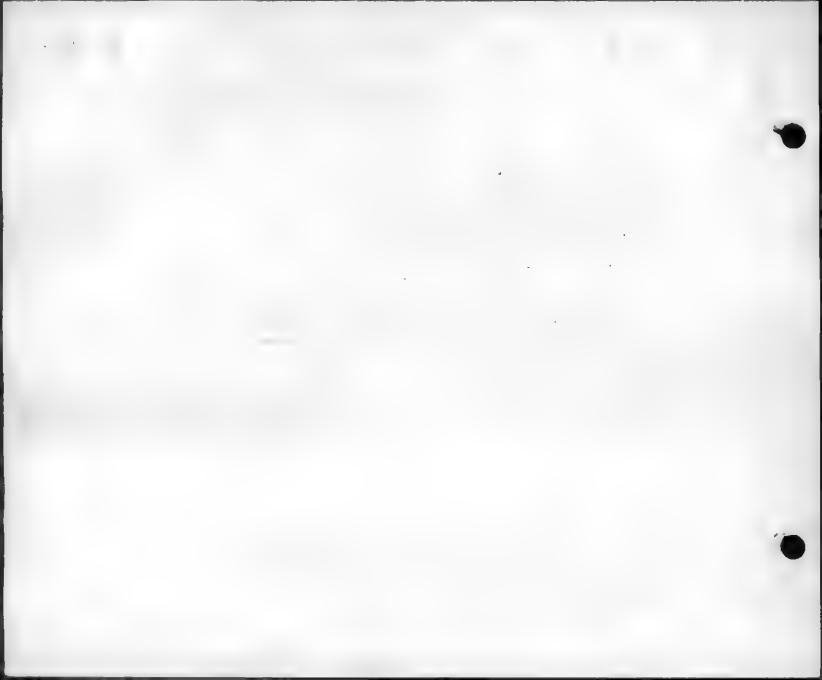
SIGNED

[County]

OF STATISTICAL RESEARCH A



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR ST HEALTH DEPT USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND olay it necessary d 3 to the funeral Page 5 may be Department after death. CTTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b e. IS RESIDENCE YAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? State hours NO.X YES any dela 2, and PM3. F Middle DATE Month Day Year 3. NAME OF First Last 4. DECEASED 0F ones DEATH 19 (Type or print) 計計 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH live Pages 1, with form SEX 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) Give **COUNTRY?** during most of working life, even if retired) INDUSTRY Item 18. Gi pages 1 in any FATHER'S NAME MOTHER'S MAIDEN NAME . 14. ' in pencil in Item Examiner's Office File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. L17. (Yes, no, or unkown) (If yes give war or dates of service) permit. I EXAMINER: This certificate Tours Le executed within INTERVAL BETWEEN 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: a burial-transit IMMEDIATE CAUSE (a the certificate, writing the word "pending" should be forwarded to the Chlef Medical E DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the CO ed as a burial, underlying cause last (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES ND. 30 DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY TT or CONTRIBUTING TT 2 2 CAUSE OF DEATH. 3 shou agent, (State) MEDICAL 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hopr a.m. While Not While at work at work l or its designate and in my opinion 21. I certify that Lipok charge of the remains described above, held an Autopsy Inspection Undetermined manner Suicide Homicide death resulted from-Natural causes Accident CHIEF MEDICAL EXAMINER YOUL ➾ execute r. Page 4 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER M D. SIGNATUR director. Pag retained for 0 DEPUTY MEDICAL EXAMINER FUNERAL I O DEPUTY **EXAMINER'S** Address (Street, city, town, or county NAME (Type) FOCATION (City, town or county) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY O. REMOVAL (Specie) 0 REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. FUNERAL DIRECTOR **ADDRESS** 1966 VR A15ME 3500 4-64



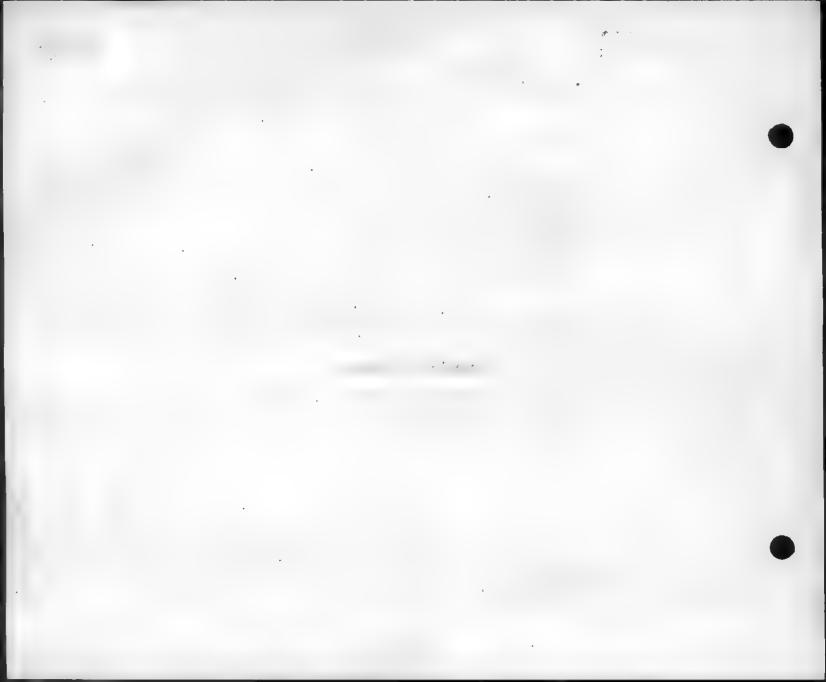
VR A15 (4) 15M 4-64

, 301 W. PRESTON				DR	E 1, N	/ARY	LAND	
E OF DEATH						111	1135	§
a. STATE Mary c. CITY OR TOWN (IF			sed lived, If h b. COU rate limits, w	INT	Υ			~
Marbury d. STREET ADDRESS							ON A F	NO 🖳
Kehoe	4. DAT		Jai		ary	Da 18		
5/17/98 97			AGE (In years last birthday)	N	lonths	Days	Hours	MIn.
Washing 1 14. MOTHER'S MAID INFORMANT ildren's Cer	en Name nknow	D m	-C - Addr	053	С	USA	Md	TWEEN DEATH
n - moderate		ÖNDİ	TIONGIVEN	N P.	ART 1(a)	-	WAS AU	JTOPSY MED?
JRRED. (Enter nature of	Injury in	Par	t I or Part II	Df	Item 1	1 .		ب س
CE OF INJURY (Home, fa ry, street, office bldg., et		. (C	ity or town)		(Co	unty)	(1	State)
12/7 , 19	39 , t	0	1/18		, 19 <u>6</u>	6_,	that (I) (v	ve) last
death occurred at 8	S: U _{2M} ,	tr er	n The cause	s a	nd on	the da	ate stated	above

1/18/66

REGIST

(State)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the by event, within 72 hours afterward. TO NOSPITAL OR NITERING PRYSICENF. The law requires that the death certificate be executed within 24 sours after seath.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	09145	GERTIFICAT	TE OF DEATH	00136
1.	PLACE OF DEATH	H T	2. USUAL RESIDENCE (Where deceased lived, If institut	
		ANNE ARUNDEL MARYLAND	a. STATE MARYLAND b. COUNTY	NE ARUNDEL
	b. CITY OR TOW.	N (If outside corporate limits, and give nearest town)		
1	WITTE KUKAL	GLEN BURNIE 7 DAYS	MILLERSVILLE	. /
_	d. NAME OF HOS	SPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE
_	NORT	H ARUNDEL GENERAL HOSPITAL	BOX 363A BROOKWOOD RD.	ON A FARM?
3.	NAME OF DECEASED	First Middle	Last 4. DATE Month	Day Year
_	(Type or print)	CHARLES WESLEY	KELLER, SR. DEATH JANUARY	18 19 66
5.	SEX	6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF U last birthday) Moi	INDER I YEAR IF UNDER 24 HRS. nths Days Hours Min.
	MALE	WHITE WIDOWED DIVORCED	DEC. 17, 1901 64 yrs.	nuis Days Hours Min.
10: du	I. USUAL OCCUPAT	ION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRT HPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	CARPE	NTER SHIPYARD	BALTIMORE, MARYLAND	USA
13	. FATHER'S NAM	-	14. MOTHER'S MAIDEN NAME	
		GEORGE H. KELLER	MARY J. RUBY	
15 (Y	i. WAS DECEASED E	EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service)	INFORMANT Address	AILLERSVILLE, MD
	NO_	None 213-09-4677 1	ARS. IONA KELLER BOX 363A BE	ROOKWOOD RD.
		DEATH [Enter only one cause per line for (a), (b), and (c).]	101	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPELACE	Chrabus	50ay2
	25 2 3	Y DUE TO Q . 1 =	10+1-	11.
	Conditions, If		allmollmin	Acars
	gave rise to cause (a), st			
_	underlying caus	e last. (c)		
é	PART II. OTHER S	SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
ICA		Irlal anolyple a		YES NO
CERTIFICATION	20a. ACCIDENT	WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Ite	em 18.)
5	(IF EITHER, NOT	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)		
CAL			ACE OF INJURY (Home, farm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m	Mulia - Hot mulia -	tory, street, office bldg., etc.)	
-		v that (I) (this hospital) attended the deceased from	F 1963 to Jan	1966, that (I) (we) last
ı			at death occurred atM, from the causes and	
	22a. SIGNATUR	E/ 1 . 1	, 22	DATE SIGNED
		and Masse "	D. ATTENDING MED. STAFF DIRECTOR PHYS.	1/18/66
	22c. PHYSICIA NAME (Ty	N'S (me)	22d. ADDRESS	1 1
_	100002 (1)	HILARY T O HERILHY	5 CENTRAL AVE. CLEN BURN	TE MATVIAND -
23:	BURIAL, CREM	ATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		
	BURIAL, CREM REMOVAL (Spe Burial		Memorial PK. Glen Burnie	, Maryland
24	. FUNERAL DIRE	CTOR ADDRESS		TRAR'S SIGNATURE
1	Dichard	V Singleton Glen Burnie	Md. JAN 20 1093 1	By Judas

VR A15 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the suneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after ceaft. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. PRESTON STREET RAITIMORE 1 MARYLAND

	0014	•	CERTI	FICATE	OF I	DEATH		LI, DAL		00	137	,
1.	PLACE OF DEATH	Allino Al ul		RYLAND	. 07	RESIDENC LAND	E (Where d		, If institution. COUNTY	n: Residence	before ad	mission)
	Write RURAL ANNAP				BALT	IMORE	outside co	rporate IIm	its, write RU			
			f not in hospital, give stree	t address)		ADORESS CLAR	VC IA	ME A	PT A2	e	ON A F	IDENCE ARM?
_		EWEY DRIVE			350:	CLAR	NO LAV	VC A	AFT AZ	\		NO 🗌
Э.	NAME OF DECEASED	First	Middle	ν	Las RUGER	t	4. DATE		Month	0ay	Yea	4.4
5.	(Type or print) SEX	JENNI 6. COLOR OR RACE 7				BIRTH	DEAT	AGE (In	nuary	27 OER 1 YEAR	19	66 24 HRS
01	FEMALE	CHITTE .	MARRIEO NEVER MARR		4/1/18			15 last birt			Hours	Min.
10a dur	ING MOST OF WORK HOUSE	TON (Give kind of work done ing life, even if retired) WIFE	10b. KIND OF BUSINESS INDUSTRY AT HOME	OR	11, BIRT	HPLACE (CO	_	te, or foreign		COUNTRY		<u>, </u>
13	FATHER'S NAM	E	*		14. MOTI	TER'S MATO	EN NAME					
	7.5	RAEL EHERNBER	G		F	AIZA	?					
15 (Ye	. WAS OECEASED	EVER IN U.S. ARMED FORCE (If yes give war or dates of serv	S? 16. SOCIAL SECURITY		NEOR MAN		ECKED	2505	Address CLARKS	LARIE	AP7	- A2
	NO				· DEK	VARD B	EUNEK	3303	CLAKIO			
		DEATH [Enter only one car EATH WAS CAUSEO BY:	use per line for (a), (b), and	10	, ,	-	71			INTE	RVAL BE	TWEEN DEATH
	/ ART I. UI	IMMEDIATE CAUSE (a)_	(gugestine	2 /10	24/	Tau	luce			Class	Luce	ar.
	of diac	OUE TO	Alberry Co	dia	10	0	Dica	010		11.		
	Conditions, if gave rise to	Immediate (HALORICOS YOU	effe	190	ut !	1120	ne		qui	ALLOS	un
	cause (a), s underlying cau:	o look										
NO			CONTRIBUTING TO DEATH BL	JTNOTRELAT	ED TO THE	TERMINAL C	ISEASECO	NOITIONGI	VEN IN PART	1(a) 19.	WAS AL	
CATI										YE	PERFOR	NO A
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH	20b. OESCRIBE HOW IN	JURY OCCUP	RRED. (Ente	er nature of	injury in I	Part or Pa	art II of Item			- 24
	(IF EITHER, NO	TIFY MEOICAL EXAMINER)										
MEDICAL	20c. TIME OF Hour a.i p.		While Not While at work	20e. PLAC factor	E OF INJUI y, street, of	RY (Home, fa fice bldg., e	rm, 20f.	(City or to	own)	(County)	(\$	itate)
	21. I certif	y that (I) (this hospital) attended the deceased	from	11/1	6 1	965 to		/22_, 1	966, th	nat (1) (v	ve) -last
		eeased alive on	1/26 1966	, and that	death occ	curred at	AM, f	from the c	auses and o			above.
	22a. SIGNATII	0 111 4	no f		ATTEND PHYS.	ING X	MEO.	STAF	22b	DATE SI	INED .	
	22c, PHYSICIA		rumme	M.O.		DORESS	OIRECTOR	PHYS	1	12/1	66	7
	NAME (T	Ype Kichand I	Hochman 1 N	M.D.	59	Fran	blin	54.	Hunza	eles,	ud.	
23	BURIAL, CREA REMOVAL (SO BURIA	MATION, 23b. DATE THER 1/28/66	ALIO MITTO		OR CREMA SRAEL		and the same	D RO	City, town or SEDALE	, MAR	Y LAN1	ate)
S(L FUNERAL OIRI		IC.6010 REISTE	RSTOWN	I RD	25a. REC	B 1	1966	5b. REGISTI	RAR'S SIGN	ATURE	L.

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

STATE

PM3, Page

deloy is

in Item 18. Give Poges 1, 2, and 3 ta

pervil in Item 18. Give Poges 1, a

This certificate shaud be executed with n 24 hours after death 1f

File pages 1 and 2 with the State Department of , and in any event within 72 hours after death Health or its designated agent, prior to burial, cremation, or remova-

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should to meed to buriof transit permit thin fumeral director. Page 4 shauld be forwarded to the Chief Medical

necessary, please execute the certificate, writing the word "pending"

CAL EXAMINER:

TO DEPUTY

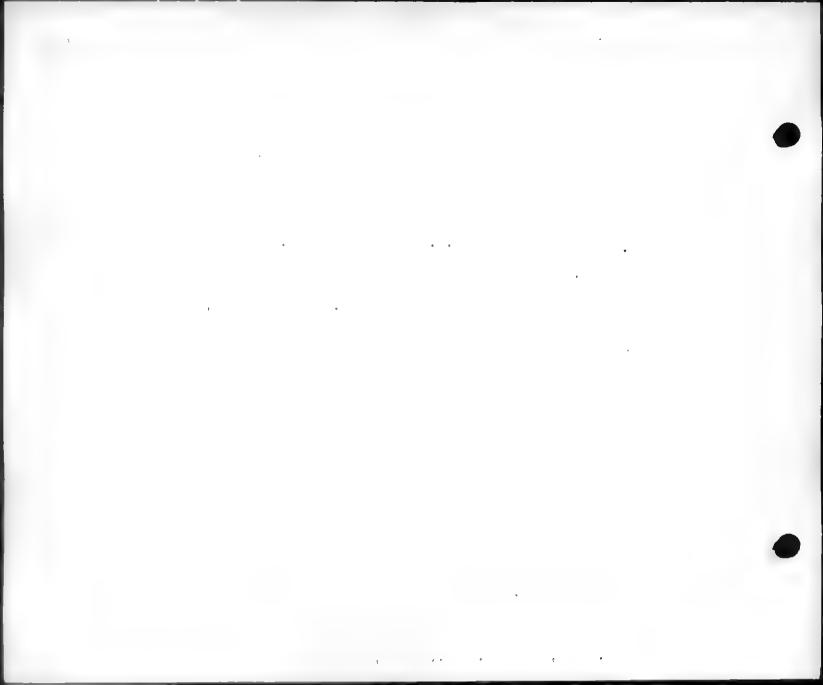
VR A15ME (5) 6M 1/66

17	1	00145		MEDI	CAL EXAMI	NER'S	CERTIFICATE O	F DEATH		001	38
	(PLACE OF DEATH	0.		MAR	YLÄND	2 USUAL RESIDENCE (o. STATE		A CONTRACTOR OF	dence before o	odmission)
		b CITY OR TOWN (f out write BURAL one give by 2472 - f d NAME OF HOSPITAL OF	suggest town	9110	c. LENGTH OF STAY	IN 16	C. CITY OR TOWN (IF OU	utside corporate limits,	write RURAL and	-	
71		D.O.D. NOR					3 CG HIME	Rd 9/2.	Even	· YE	IS RESIDENCE ON A FARM? S NO
	[NAME OF DECEASED (Type or print)	Claude	Į.	Middle		well	4 DATE OF DEATH	Month	Doy	Year 19 6 6
	5 5	SEX 6 (OLOR OR RACE	7 MARRIED.	NEVER MARRIE DIVORCE	٠ <u>١</u> ١,		9 AGE (In lost by			F UNDER 24 HRS Hours Min
	10o dun	USUAL OCCLPAT ON (Give ing mest of working life, e	e kind of work done ven if retired)		ID OF BUSINESS OR		11 BIRTHPLACE (Stote North	Carolina	12	COUNTRY S	THAT A
	13.	FATHER'S NAME	than Ledi	well			14. MOTHERS MAIDEN	NAME	(de	ceased)
	1S. (Ye	WAS DECEASED EVER IN L	IS. ARMED FORCES? signery from cores of	service)	OCIAL SECURITY NO.		NFORMANT S. Evelyn Lo	edwell, sa	Address	2	
		PART I. DEATH W.	AS CAUSED BY IMMEDIATE CAUSE (DUE 1	o) alu	4 7	unl E	Leva Con	ling			VAL BETWEEN AND DEATH
		stating the underlying	cause Dut	(c)							
	AT.ON	PART II OTHER S GNIFI	CANT CONDITIONS CO	INTRIBUTING TO	DEATH BUT NOT RE	LATED TO T	HE TERM NAL DISEASE CO	NDITION G VEN IN PAR	T 1(o)	19 W Pi YES	AS AUTOPSY REFORMED? NO
	L CERTIF CAT.ON	200 EXTERNAL CAUSE V PRIMARY ☐ or CONTRIB CAUSE OF DEATH		20b DES	CR BE HOW INJURY O	CCURRED	Enter noture of in ary in	Part or Part II of ster	n 18)		
	MEDICAL	20c T ME OF INJURY I Hour a.m p.m	Month, Doy Yeor	20d N While of work	Not White of work		E OF INJURY (Home, fare ory, street, office bldg., etc		town)	(County)	(Stote)
		21. I certify the	/	of the rem	_		de , Homicide	, Undeterm	nqu'ry E	_	n my opinion
,A,		ACTUAL SIGNATURE	where	f	11		-	CAL EXAMINER		22.	DATE SIGNED
<i>\$</i>		EXAMINER'S NAME (Type)	ELIN	1 pap	dr.		Address (Stree	t, city, town, of county	, ,	-11 -6	CC .
	230	BURIAL CREMATION, BURYAL (Specify)	Jan 12.		MOORE FA		CEMETERY	23d LOCATION (C	NORTH	(County)	(Stote)
	24	FUNERAL DIRECTOR		.,,,,,	ADDRESS				2Sb REGISTRAR		444

Harold S. Wade, 550 Wash. Blvd., Laurel, Maryland

DANAN

Elianles Judge





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. funeral PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where decreased lively, If institution: Residence before admission) 1. a. STATE b. COUNTY after papers. Pages 1 in 72 hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, C. LENCTH OF STAY IN 1b ۵ write RUBAL and give nearest town) no wns 드 an and completely filled I e-remove carbon papers. e. IS RESIDENCE DN A FARM? d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giyo street address) NC ~ YES witlin 3. NAME DE First Middle DATE Month Day Year DECEASED OF 1966 Jan DEATH (Type or print) **memuted** DATE OF BIRTH ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. SEX 6. COLOR OR RACE 8. 7. MARRIED F NEVER MARRIED WIDOWED X DIVORCED 11. BIRTHPEACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR been signed by the attending physician, the burial-transit permit. Then please to by to burial, cremation, or removal, and the during most of working life_even if retyred) KICKA d∎ath certifi∎at∎ MOTHER'S MAIDEN NAME FATHER'S NAME 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. (Yes, no, or unknwn) [(If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause pen line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating has be as the underlying cause last. (c) WAS AUTOPSY CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. for use Health p PERFORMED? The OIRECTOR: After this certificate ge 3 should be detached for use led with the State Dept. of Health YES NO [ATTENDING PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work 21. I certify that (!) (this hospital), attended the deceased from that (I) (we) last and that death occurred at 82000M, from the causes and on the date stated above. saw the deceased alive on. DATESICNED 22b. 22a, SICNATURE page ATTENDING PHYS. MED. DIRECTOR Wen PHYS. M.D. TO HOSPITAL (Page 4 may 1 TO FUNERAL (director, page should be fil 22d. 27c. PHYSICIAN'S **ADDRESS** NAME (Type) 050 m (State) BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF REMOVAL (Specify) FUNERAL DIRECTOR ADDRESS 1966 VR AIS



Transport Completely filled in by the funeral Capadve carbon papers. Pages 1 and 2 in any event, within 72 hours after death. __fter OULS within exacated ease and **■** rtificate attenlli cremation, or demth beem signed by the the burial-transit or to barrial, crement retained by the hospital or attending physician. as the L certificat∎ has for use Health PHYSICIAN: detached for the Demt. of I After this

removal.

CERTIFICATION

NAME OF

DECEASED (Type or print)

Housewife

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. CDUNTY MARYLAND b. CITY DR TDWN (if outside corporate limits. C. LENGTH OF STAY IN 1b write RURAL and give nearest town

d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)

	JI DEATH						
2.	USUAL RESIDENCE	(Where dec	eased lived,	If Institution:	Residence	before	admissi
	a. STATE		b.	COUNTY			/
	0240						0.00

(nei

ON A FARM

WAS AUTDPSY

PERFORMED?

ND [

(State)

(State)

		ヘイヤナイ	_							1	
C.	CITY	DR TOWN	(If outside	corporate	limits,	write	RURAL	and	give	nearest	towi
			tovi	lle	7	2					
ď	STRE	FT ADDRE	22						0.0	IS RESIL	FNC

Rt. 2	2		YES	□ ND
Lilly	4. DATE OF DEATH	Month JANUARY	Day /5	Year 64

5. SEX	6. COLDR DR RACE	7. MARRIED	NEVER MARRIED	8. DATE D	F/BIRTH			AGE (In years				_
FEMALE	l W	WIDDWED [DIVDRCED	Mar.	4,	1897		last birthday) 68 yrs.	Months	Days	Hours	h
	IDN (Give kind of work lng life, even If retire			11. BIR	THPLAC	E (County & S	tate,	ar foreign country) 12. C	ITIZEN I DUNTRY	OF WHAT	

13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service)

Middle

James Lilly Glen Burnie.

Poland

No Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Cenditions, If any, which (b gave rise to Immediate DUE TD cause (a), stating the

underlying cause last. PART II. DTHER SIGNIFICANT CONDUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDUTION GIVEN IN PART 1(a) lenoscleron'c

20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of item 18.)

20f. (City or town)

MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE DF INJURY (Home, farm, (County) factory, street, office bidg., etc.) Hour a.m. Not While at work While p.m. at work

21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on SIGNATURE DATE SIGNED

MED. DIRECTOR ATTENDING PHYS. M.D. PHYS. 22c. PHYSTCIAN'S 224, ADDRESS

BURIAL, CREMATION, DATE THEREDE 23c. NAME DF CEMETERY DR CREMATORY REMDVAL (Specify) Burial 1/19/66 Bennett Cem.

Minford, Ohio

24. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC. 715 Light St.

REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

LDCATION (City, town or county)

VR A15 (4) 20M 1/65

TO FINISH DIRECTOR

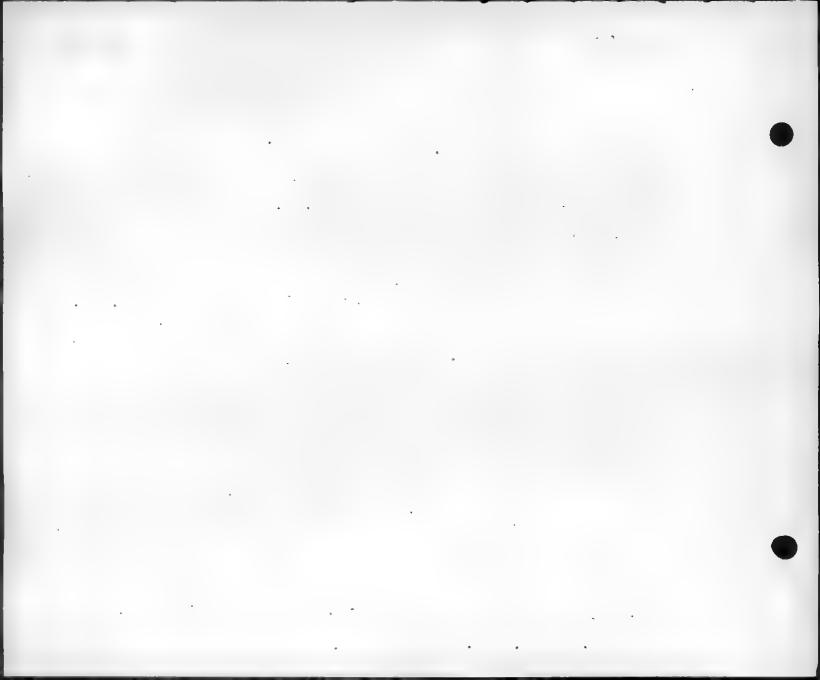
4 may HOSPITAL

should

3 showith

page

e director,



funeral 1 and 2 3r death ■eath certifinat be ememtind mitllin 24 hours after duath after Completely filled in by the ve carbon papers. Pag event, within 72 hours TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physicfal director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and The law remuires that the TO MOSPITAL MR ATTENMING MHYMICAN: The law remulres that the Page 4 may be retained by the hospital or attending physician.

	PARTMENT OF HEALTH s, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
UU149 CERTIFICAT	E OF DEATH AN 142
1. PLACE OF DEATH a. COUNTY Anne Arundel MARYLAND b. CITY OR IDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a, STATE b. COUNTY Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural Edgewater 12 years d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address)	Rural. Edgewater C - / d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?
Route 2, Box 4, Edgewater 3. NAME OF First Middle Greater (Type or print) Elton Forrest	Last 4. DATE Month Day Year LOLLO DEATH January 19. 19 66
5. SEX Male 6. CDLOR OR RACE Caucasian Wildowed Divorced Divorced	8. DATE DE BIRTH 9. ACE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
LOA. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT COUNTRY?
Procurement, Defense U. S. Gov't.	Williamstown, N. J. U. S. A.
Martin M. Lollo	Effie Morgan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. (Yes, no, or unkown) [(If yes give war or dates of service)]	INFORMANT Address
	wife) Frances Miriam Lollo, same address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock	10 min.
200) DUE TO	
cenditions, if any, which gave rise to immediate (b) Gastrointestinal	hemorrhage 10 min.

DUE TD cause (a), stating the Lymphosarcoma underlying cause last. (c) years CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Auricular fibrillation Anemia, ND F3 YES 20a. ACCIDENT WAS UNDERLYING DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20b. MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. While at work Not While at work 19 p.m. 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on Jan 19, 19,66, and 1964 Jan. 1966 that (I) (we) last and that death occurred at 8 A.M. from the causes and on the date stated above. saw the deceased alive on. 22a. SICNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. Jan. M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) Charles W. Kinzer, River Med. Cent Edgewater a. BURIAL, CREMATION, 23b.
CREMOVAL (Specify)
Cremation 23a. DATE THEREOF NAME OF CEMETERY DR CREMATORY LOCATION (City, town or county) (State) Lincoln Crematory Washing FUNERAL DERECTOR ADDRESS 25a. REC'D BY RECISTRAR REGISTRAR'S STONATURE is DATE

VR A15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicim—and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1/and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaths:

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	GERTIFICAL	E UP DEATE	1	_00142
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceased lived, If Insti	itution: Residence before admission)
a. CDUNTY ANNE ARUNDEL	MARYLAND	a. STATE MAT	YIAND b. COUNT	ANNE ARUNDEL
b. CITY OR TOWN (it outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 15	c. CITY OR TOWN (I	outside corporate limits, writ	e RURAL and give nearest town)
Annapolis	3 months	Annapo	lis	
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
200 Clay Street		24 Lafaye	ette Ave	ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
(Type or print) MAGGIE CECIL	FINKNEY LONG		DEATH Jan. 8	19 66
5. SEX 6. COLDR OR RACE 7. MARRIED	THE SER DIVINITED	B. DATE OF BIRTH	9. AGE (In years I	FUNDER 1 YEAR IF UNDER 24 HRS.
Female Negro WIDOWED	DIVORCED	Nov. 1-1898	3 67 yrs.	Months Deys Hours Min.
10a, USUAL OCCUPATION (Give kind of work done) 10b, P	CIND OF BUSINESS DR	11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired) Domestic	NDUSTRY	A.A.Co. L	arvland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAII		
John Wesley Finkney		Unkno		
	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)				
NO 2	17-30-4890 Ha	attie G. Hel	lland-200 Clay S	St. Anna. Md.
18. CAUSE OF DEATH (Enter only one cause per l	ine for (a), (b), and (c).1	. /	2	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CREVO En	more l	Chrest-	ONSET AND DEATH
4330 DUE TO				70
Conditions it say which \				
gave rise to immediate (b)				
cause (a), starting the				
	ITING TO DEATH BUT NOT BELD	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	ARTI(a) 19. WAS AUTOPSY
ICAT	o med to o o o o o o o o o o o o o o o o o o	TED TO THE TERMINA	DIGEAGE GOTTON TOTAL TOTAL	PERFORMED?
2Da. ACCIDENT WAS UNDERLYING 20b. B DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	f Injury in Part I or Part II of	Item 18.)
	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, f ry, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
Hour a.m. While at wor	C NOT WITH COL	. , su est, omca bidg., i	: L(vo)	
21. I certify that (I) (this hospital) attend	'	-10-F-1	9 to 1-846	. 19, that (I) (we) last
saw the deceased alive pn /1	(death occurred at		nd on the date stated above.
22a, SIGNATURE	and that	. Genti Decorred at	IN, ITOIN the Gauses a	22b., DATE SIGNED
O. J. Chiler	M.D		MED. STAFF DIRECTOR PHYS.	1-10-66
22c. PHYSICIAN'S NAME (Type) A.T.Allen		22d. ADDRESS Ca	thedral St. Ann	apolis, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREDF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	vn or county) (State)
Burial (Specify) Jan. 12-66	Brewer Hill		Annapolis, M	d.
24. FUNERAL DIRECTOR	ADDRESS			GISTRAR'S SIGNATURE
C.E.Hicks 1	ll Annapolis,	Md_ LAN	17 1966 201	arles Judge
		DATE	1 10001 /	- Las Just

VR AI5 (4) 2DM 1/65



VR /15 (4) 20M 1/65

		PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
		E OF DEATH 00144
	PLACE OF DEATH a, COUNTY Anne Arundel Maryland	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Marvland Anne Arundel
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crownsville 6mos.15 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Crownsville State Hospital	d. STREET ADDRESS LOCKODOMA Baltimore Ave. ON A FARM? YES NO K
	NAME OF PICE SEASED (Type or print) 3-#27682 Idella E.	Lowman 4. DATE Month Day Year Lowman DEATH 1 24 19 66
	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED N	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min. AUCUST 7 1000 97 25 yrs.
d	Da. USUAL OCCUPATION (Give kind of work done arring most of working life, even if retired) HOUSEWITE	11. BIRTHPLACE (County & Stad, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S. A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Hakanum Richard Lowman	dinknown Caroline Hammond
Ċ	15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown) (If yes give war or dates of service)	Hospital Records
	Conditions, if any, which gave rise to immediate cause (a), stating the	tic Cardiovascular Disease
CERTIFICATION		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO ** NO ** NO ** NO ** NO ** 19. WAS AUTOPSY PERFORMED?
		URRED. (Enter nature of injury in Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) or street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1/24/1966, and that	7/9 , 19 64 to 1/24 , 19 66, that (1) (we) last at death occurred at 4P M, from the causes and on the date stated above.
	The signature Heard Keistham.	D. PHYS. MED. DIRECTOR PHYS. 22b. DATE SIGNED DIRECTOR PHYS. 1.22d. ADDRESS
L	NAME Oxpes Hildegard Heard Reissmann,	M. D. Crownsville State Hospital, Md.
2	Burial CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) Burial 1/27/66 Nichols Memory	
7	Burial 1/27/66 Nichols Mems ADDRESS Hopoing Furbral Home - Amapolis, Md.	orial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1-	# # # * * * * * * * * * * * * * * * * *	



funeral and 2 after death, hours = filled 24 completely i within hysician The permit. attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 urs after Maryland Arundel County MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b bon papers. Page within 72 hours a Craensville mos. 16das B. Itimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Crownsville St te Hospital Jefferson 3. NAME OF First Middle DATE Last 4. and comprements of the carbo DECFASED (Type or print) #29594 George GTOVET DEATH 6. COLOR OR RACE DATE OF BIRTH 17. MARRIED NEVER MARRIED X 14/ 1 31 B WIDOWED DIVORCED .5 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) and Unemployed New York removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret George Marion 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 0 (Yes, no, or unkown) (If yes give war or dates of service) been signed by the atta the burial-transit permi or to burial, cremation, o D94-18-2487 Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (a) DUE TO Coronary Arteriosclerosis Conditions, If any, which (b) gave rise to immediate the or ro DUE TO cause (a), stating the has be as the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) for use Health Alcoholism (Addiction) this certing detached for 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. Not While at work at work p.m retained

21. I certify that (I) (this hospital) attended the deceased from

Benedict.

saw the deceased alive on

BURTAL, CREMATION, 23b. DATE THEREOF

22a. SIGNATURE

23a.

PHYSICIAN'S

REMOVAL (Specify) FUNERAL DIRECTOR

NAME (Type)

19 56

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? NO K Year Month 56 19 ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS jast birthday) Months Days Hours 12. CITIZEN OF WHAT **GOUNTRY?** Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? NO F YES (State) 20f. (City or town) (County) Crownsville, Maryland to1/15/ that (I) (we) last and that death occurred at 3:20M. from the causes and on the date stated above. 22b. DATE SIGNED PHYS. Crownsville. Marvland 23d. LOCATION (City, town or county) (State) 25a. REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURI 4-66

193

DIRECTOR

ATTENDING

ADDRESS

22d.

b. COUNTY

VR A15 (4) 20M 1/65

6 %

page filed

director, pa



MARYLAND STATE DEPARTMENT OF HEALTH OUTSIGN OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH											
	00153	N OF STATISTIC	AL KEGEN	CENTIFICAT	E OF DEATH			E I, MAK	00146		
1.										mission)	
	6. COUNTY				a. STATE b. COUNTY						
		NNE ARUNDEI	4 to 11-76- 1	MARYLAND		YLAND	and the formula to the		ARUNI		
	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)						
		BURNIE		11 hours	PASADENA /						
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in ho:	d. STREET AOORESS 6. IS RESIDENCE ON A FARM?							
	NORTH	ARUNDEL GE	NERAL H	RT 1 BOX 134 YES □ NO □							
3.	NAME OF		rst	Middle	Last	4. OATE	Month	Oa	у Үва	[
	(Type or print)	DIONI	GT	I arro	MARROCCA	OF OEATH	JANT	JARY 6	19 (56	
5.	SEX			NEVER MARRIED	8. DATE OF BIRTH	19.	AGE (In years II				
	2447.72				OGGODED O 4	000	last birthday) N	fonths Deys		Min.	
PALE WILLE WISHES OCTOBER 7, 1007 O Ws.											
dur	during most of working life, even if retired) INDUSTRY COUNTRY?										
CONTRACTOR GENERAL CONTRACTING ITALY UNITED STATES										ATES	
13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME											
FRANK MARROCCO ROSE VOLPE											
15.	WAS DECEASED I	EVER IN U.S. ARMED FO	RCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	F 0.5	Address		817		
(16	(Yes, no. or unknown) (If yes give war or dates of service) 218-32-2049 Mrs. Rose Taylor 5937 Kavon Avenue, #6 NO 218-32-2049 Mrs Louis PFARR RT 16 BOX 476 BALTO. MD.										
18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).]											
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Oronaus orchusion oudelle									EATH	
	4201 DUE TO 1 1 +1 1 .										
	conditions, if any, which (1) or orange alternoclerases								MRS		
	gave rise to immediate										
	underlying outs lest										
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY										
									PERFOR	MED?	
읦	One ADDITION	Was Divorbly William	f not no	PAGE OF COME IN THE PAGE	ALDOGO (Feb., and and and	falson to Do			ES	NO 🔲	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert 1 or Part 11 of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
¥	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)										
MEDICAL	Hour a.m. While Not While factory, street, onice bidg., etc.)										
Ē	p.m. 19 at work										
	21. I certify that (I) (this hospital) attended the deceased from										
	saw the deceased alive on19 65, and that death occurred atM, from the causes and on the date stated above.										
	222. SIGNATURE ATTENDING MEO. STAFF										
	early to cless and M.D. PHYS. OIRECTOR PHYS.										
	22c. PHYSICIAN'S NAME (Type) Dr. Leipold 22d. ADDRESS										
	`										
23a	. BURIAL, CREM REMOVAL (Spe	c Ify)	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LO	CATION (CIty, tow	n or county)	(St	ate)	
Burial 1/8/66 Holy Redeemer Cemetery Baltimore, Md.											

Holy Redeemer

Cemetery 1 25a.

DATE

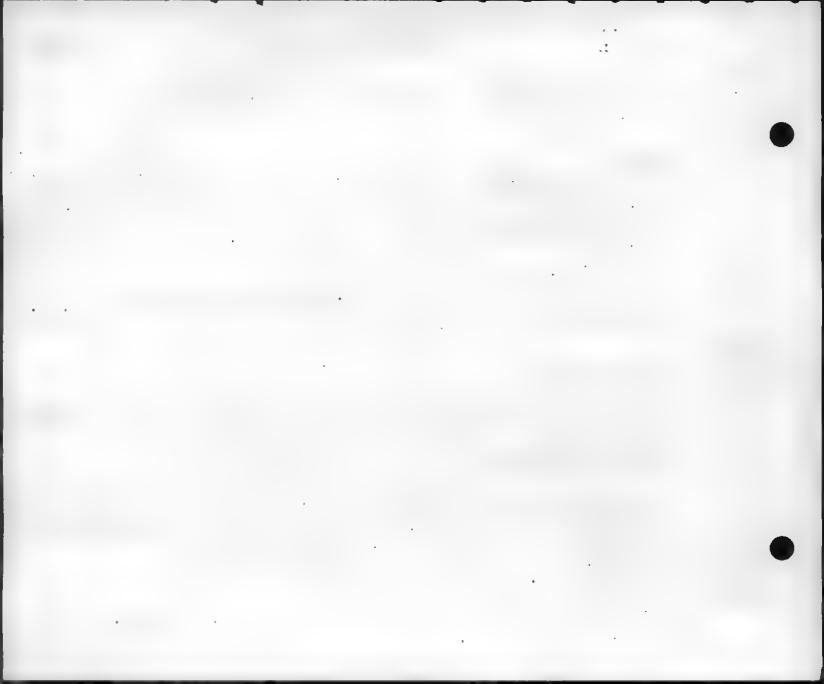
Baltimore Md.
REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20M 1/65

Home, #13

Inc.

5chimunek Funeral 3331 Brehms Lane



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) y is necessary, director. Page or your files. a. COUNTY 6 COUNTY ō MARYLAND CITY OR TOWN (if outs de corporate ligits e. LENGTH OF STAY IN 16 OR TOWN till outside comprete limits, wette RURAL and nive nearest fown Write RURAL and give rearest tolky for your INAME OF HOSPITAL STREET ADDRESS not in hospital, g, va/street address) IS RESIDENCE ON A FARM? retained he State NO EX YES [3. NAME OF DATE Month Day death. If and a death of the f with the 5 DECEASED OF (Type or print) DEATH 5. SFX B. DATE OF BIRTH 2 with 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRED and est birthdayl Monthsi Davs Hours 1, 2, and 2, and 4. his 14 hours after Give Pages 1, 2, 4 nr PM3. Page 5 File pages 1, and 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dong during most of work na life, even if ratirad) 13. FATHER'S NAME MOTHER'S MAIDEN NAME an) (Yes, no, or unkown) (Hyesgivewerordstasofservice) 1 17 INFORM in Item 18. permit. "in pencil in Item 18.
Office along with for burial-transit permit, pagnosxa 18. CAUSE OF DEATH Enter only one cause pof line for (a), (b) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which (b) "pending" writing the word "pending" Chief Medical Examiner's age 3 should be used as a gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [6] 19. WAS AUTOPSY CERTIFICATION uld be t PERFORMED 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED, (Enter netura of in very in Pert, or Part II of item 18.1 PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. Pr. MEDICAL 20c. TIME OF INJURY Month, Day Year 1 2Dd INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 2Df, (City or town) (County) (Stela) factory, streat, office bldg., etc.) Hour a.m. While Not While the R: P: DIRECTOR: F al work at work 21. I certify that I tool arge of the remarks described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from atura causes Suic'de Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER should be far ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAM NER ò EXAMINER'S NAME (Type) Health Address (Street, city, town, or county) 22a, BUR, AL, CREMATION, 22b. DATE THEREOI NAME OF CEMETERY OR CREMATORY TOCATION (City, fown, or country) (State) REMOVAL (Specify) FUNERAL DIRECTOR 24a. REC'D REGISTRAR 24b REGISTRAR'S SIGNATURE VR A15ME 5M 1/62

ND STATE DEL TMENT OF HEALTH



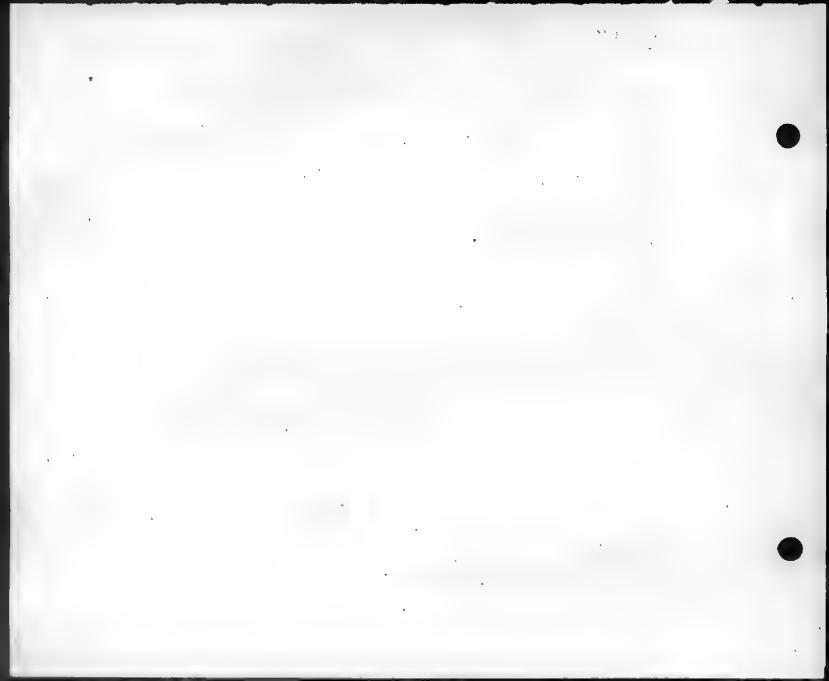
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that time death certificate be executed within 24 hours after doubt. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

OERTH IOAT	L Of BEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lired, if Institution: Residence before admission) a. STATE b. COUNTY
ANNE ARUNDEL MARYLAND	MARYLAND D. COUNTY ARUNDEL
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
GIEN BURNIE	PASADENA
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS e. IS RESIDENCE ON A FARM?
WORTH HRUNDEL GEN HOSPITAL	1876 9 BOY 207 YOUNTAIN ROYES NOW
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) ASEV 5. SEX 6. COLOR OF RACE 7 MARRIED NEVER MARRIED	THE WS DEATH 27 1966 8. DATE OF BIRTH 9. AGE (In years I FUNDER 1 YEAR I FUNDER 24 HRS.
7. MARRIEU REVER MARRIEU	last birthday) Months Oays Hours Min.
10a. USUAL OCCUPATION (GIVE KING OF WORK done 10b. KING OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INOUSTRY	COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDER NAME
NONN MATTHEWS	SPANE DRESEU
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unknown) (If yes give war or dates of service)	20LA TURNER - PRINTE / AFMD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND OBATH
HADI	O' a a a a
Conditions, If any, which) (b) /tilles le selections	Cardio Kenal disease Thelawar
gave rise to immediate cause (a), stating the OUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO?
20	YES NO L
OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
19 tact	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	766 16 , 1963, to 1-27 , 1966, that (1) (we) last
	at death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENOING MEO. STAFF 22b. OATE SIGNEO
22c. PHYSIGIAN'S M.	O. PHYS. ORECTOR PHYS.
NAME (Type) WILHARD H. HUNT	100 Chery Lane Han Barnie Md
Por service Propolity	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burney 2-1-1966 mit Catr	any Back med 2,225
24. FUNERAL OIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Man Sand Ristages 650 NG12m	or SO DATE FEB 3 1966 Privates Judge

VR #15 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filed with the State Dept. of Hemilth prior to burnal, cremation, or removal, and in any event, within 72 hours after death.



FOR STATE IO DEPUTY M. SCAL EXAMINER: This certificate should be executed within 24 hours after death. If any way is necessary, glease execute the certificate, writing the word "pending" in Fincil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 Time, be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, File pages 1 and 2. In the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 four safety death.

VS. A15ME

5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL	EV A MAINTEDIC	CERTIFIC ATE	OF BEATH
MEDICAL	EAAMINEK	CERTIFICATE	OF PEAIR

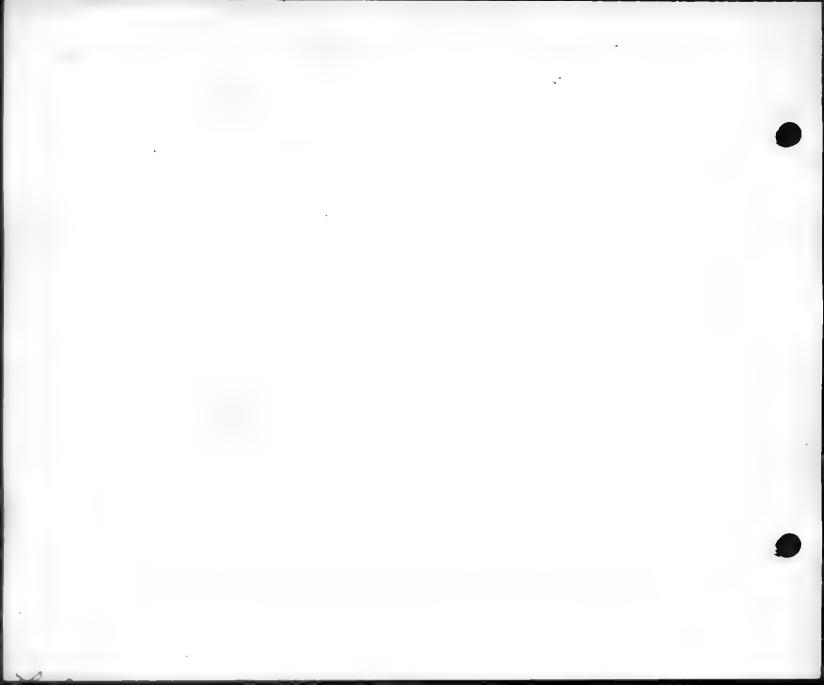
	00156	MEDICAL	EXAMINER'S	CERTIFICA"	TE OF DEA	ATH	00140
	PLACE OF DEATH	- 100	17/2-1/0/00	2. USUAL RESIDEN			esidence before edm ssion
	Ann	e Arundel	MARYLAND	. STATE Mar	'yland '	Anne A	Arundel
	b. CITY OR TOWN (if or write RURAL and gr	utside corporate 1 m ts,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN	(If outside corporate im		
	An	napolis		Ann	apolis		02-1
	MAME OF HOSPITAL	OR INSTITUTION (if not in hosp	ral, g va street addrass)	d STREET ADDRESS			IS RESIDENCE ON A FARM?
	Anne Aru	indel General Ho	spital	28	Shaw St.		YES NO
3.	NAME OF DECEASED	find Thest		Last	4. DATE	Month	Day Year
	(Type or print)	C1.扩充性才的量 /	_	1C_CALL	DEATH	1	4 19 66
5	SEX 6	. COLOR OR RACE 7. MARRIED		DATE OF BIRTH		In years IF UNDER 1	
	female	negro WIDOWED	DIVORCED	2-7-4-19	7/57 50	rthday) Months D	lays Hours I Min.
10a	USUAL OCCUPATION	(Give kind of work 110b KIN	OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (SIN	or foreign country)	12. CITJ	ZEN OF WHAT COUNTRY
1	V1-1120 11	al II		1 MICKI		111	15, A.
13,	FATHER'S NAME		7	14. MOTHER'S MAIDEN	NAME)	1	Walter State of the State of th
1//	Wiam	macall		TINOTA	1. M. 60	ore	
15.	WAS DECEASED EVER	IN U.S ARMED FORCES? 16. S	OC AL SECURITY NO. 17.	NFORMANT	1.10	Address	
[Ya	s, no, or unkown) (Ifya:	sgiva war ordatasof sarvice)	18:	VIII KAN	SICK 11	Charte	1924
	IB. CAUSE OF DEA	LTH [Enter only one cause par lin	na for (a), (b), and (c).]	o de l'ince		1 Carmina	I INTERVAL BETWEEN
	PART I. DEATH V	VAS CAUSED BY: MEDIATE CAUSE (a) Massiv	e branchanneum	nonia			ONSET AND DEATH
	4918	DUE TO	e prononopireum	IIOIILA		-	
	Conditions, if any, v						
	gava risa lo immadiale	Cause		* "			
	(a), steling the unda						
7	causa fasi.	GN FICANT CONDITIONS CONT	PIRLLY NG TO DEATH REIT NO	T DELATED TO THE TERMI	NAL DISEASE CONDITI	ON CIVEN IN DARK	I I WAS ALTORSY
CATION	PARTIL OTHER 3	SITTICALL COMMINGS COM	NIDDING TO BEATH 101 NO	I KLEATED TO THE TERMI	MAL DISEASE COMPIN	ION SIVEN IN PARI	PERFORMED?
실	DO EVERNALA CALLE	TAMAS DOL DECER	r naturalization agei profit		AL BANK AND		AEZ MO
CERTIF	20a. EXTERNAL CAUS PRIMARY ☐ or CONT		E HOW INJURY OCCURED. (E	ntar nature of injury in ra	IT I OF PAIT II OF ITAM IS.	-)	
	CAUSE OF DEATH.	u u o v inot o	HILIPA OCCUPACE GO BLAC	er of hilley older for	OOT Jole		
MEDICAL	20c. TIME OF INJURY Hour a.m.	Month, Day, Yaar 20d. IN While	Not Whila factor	CE OF INJURY (Homs, far bry, street, office bldg., atc		i) (Coun	ly) (Slafa)
ME	p.m.	19 at work					
	21. I certify that	I took charge of the rema	ins described above, hel	d an AutopsyXIX,	Inspection	Inquiry,	and in my opinion
	death resulted from	m. Natural causes K.	Accident . Suici	de . Homicide	Undeterm	ined manner	
		1/ A For	7. 4	CHIEF MEDICAL	EXAMINER		
	ACTUAL SIGNATURE	1 Xe ac	our G	M.D. ASSISTANT MED	DICAL EXAMINER		DATE SIGNED
	EXAMINER'S R	udiger Breitene	cker M.D.	DEPUTY MEDICA			1-5-66
22a	BURIAL, CREMATION,		22c NAME OF CEMETERY OR		city, town, or county)	ly, lown, or couplry)	(State)
1	REMOVAL (Spacify)	1-8-1956	Browen	Ull	Maros	malin	Micke
23	SUNERAL DIRECTOR	I U Troet,	APDRESS	24a, REC	C D BY REGISTRAR 24	. REGISTRAR'S SIC	GNATURE

1966



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY a STATE MO P.M.3 Page ö MARYLAND Deportment b CITY OR TOWN (If autside carparate limits, C LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate limits, write RURA, and give nearest tawn) write RURAL and give nearest town) LINIBILUATO LINIBICUM d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? hours O.O.A-NURTH-FAIRMON ate ARUNdal NO W YES 3 NAME OF Last 4 DATE DECEASED OF mithin (Type or print) DEATH IF UNDER 1 YEAR 5 SEX 8 DATE OF BRIH AGE (In years 6 COLOR OR RACE 7 MARRIED last birthday) Months 12/06 WIDOWED evenî 10a USUA, OCCUPAT ON (Give kind of wark done 10b K ND OF BUSINESS OR 11 BIRTHPLASED(State or fore an country) 12 CIT ZEN OF WHA during most of working **NDUSTRY** Ony pellci in podes 13 FATHER'S MANU 14 MOLHER S MAIDEN NAME be executed within Ξ File pond 15 WAS DECEASED EVER IN S ARMED FORCES? 17 INFORMANT (Yes, na, or unknown) (If yes give war or dates af service removal, 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) certificate should cremation, DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause 0 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS ALTOPS) PERFORMED? 0 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part I or Part II of item 18.) prior CAUSE OF DEATH. designoted ogent, 20c T ME OF INJURY Month, Day, Year 20d IN.JRY OCCURRED 20e PLACE OF INJURY (Hame, farm 20f (City ar town) (County) (State) Hour a.m. factory, street, affice bldg, etc.) Not While **IIIRICTOR:** Poge at work of work 21. I certify that I took charge of the remains described above, he don Autapsy Inspection Inquiry and in my opinion the funerol director. death resulted from: Natural causes Accident Surcide | Homicide [Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED OT ITE ASS STANT MEDICAL EXAMINER 5 may be re-FO FUNIRAL | Heoith or its SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, of county) NAME (Type) 23a. BURIA. CREMATION NAME OF CEMETERY OR CREMAJORY 23d LOCATION (City or Town (County) 250. REC D BY REGISTRASE 24 FUNERAL DIRECTOR VR A15ME (5)

6M 1/66



TO HOTHITH OR NITHBURG REVSELIN. The lam requires that the departmentificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attacking physician and completely filled in by the funeral director, page 3 should be detached for use as the burral-transit permit. Then please remove carbon papers. Pages 1-and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

		סוצואום	N OF STAT	M <i>i</i> Istical re	IRYLAND STA Search and Ri		PARTMENT OF , 301 W. PRESTO	HEALTI N STREET	-	E 1, MARYI	LAND
١		00158	3	.	CERTII	FICATI	E OF DEATH	1/66 00		0.0	151
1	1.	PLACE OF DEATH	1		3m 	5 - 1 1 L		CE (Where dece	ased lived, If institu		before admission)
4			Anne Ar	undel	MA	RYLAND	a. STATE Ma:	ryaldnd	b, county	Anne An	rundel
1		b. CITY OR TOW write RURAL	N (if outside of and give near	orporate limits, est town)	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (If		,	RURAL and gl	ve nearest town)
		Annapol	.1.5		D.O.A.			verna F	ark		10 DEDITION
,	A	- 1	Dead or	ופערייוג ו	n nospital, give stree	t address)	d. STREET ADDRESS	- 00	D		ON A FARM?
	700		iel Gene	ral Hosp			Last	auffer	Month	Day	YES NO DS
		NAME DF DECEASED (Type or print)		FRANCES	Middle		ILEWSKI	OF DEATH	January	5	1965
1	5. 621	sex emale	White	RACE 7. MARR WIDOW	la.mad		Oct. 11, 18	192 9.	AGE (In years IF last birthday) 3 vrs.	onths Days	Hours Min.
Į	10a.	USUAL OCCUPAT	ION (Give kind o	of work done 10	. KIND OF BUSINESS INDUSTRY	OR	11. BIRT HPLACE (C	ounty & State, (r foreign country)	12. CITIZEN COUNTRY	OF WHAT
1		ractory	Worker	```	Foo	bc	Poland			USA	
1	13.	FATHER'S NAM	E	T*	1-		14. MOTHER'S MAIL				
1	15	WAS DECEASED I	EVED IN 11 C AD	JOZWIE	LK 16. SOCIAL SECURITY	NO 117	Unknow	n	Address		
1	(Yes	, ne, or unkown)	(If yes give war o	r dates of service)	169 10 03	4.					
	-		DEATH (Enter	only one cause n	er line for (a), (b), and		ieresa Lindb	erg	Above	INTE	RVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema							ONS	i day	
		Conditions, If any, which) Ob Congestive Heart Failure									
		gave rise to immediate cause (a), stating the DUE TO Diabetes Mellitus									
	NO.			(c) ONDITIONS CONTI	IBUTING TO DEATH BU	T NOT RELA	TED TO THE TERMINAL I	DISEASE COND	ITION GIVEN IN PA	RT 1(a) 19.	WAS AUTDPSY
2	ICAT									YE	PERFORMED?
1	CERTIFICATION	2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLY NG [] CAUSE TIFY MEDICAL	ING 20t OF DEATH EXAMINER)	. DESCRIBE HOW IN	JURY OCCU	RRED. (Enter nature o	f injury in Par	t I or Part II of I	tem 18.)	
	MEDICAL	20c. TIME OF I Hour a.n p.r	п.	. WI	d. INJURY OCCURRED	20e. PLA facto	CE OF INJURY (Home, for ry, street, office bldg., e	arm, 20f. (6	ity or town)	(County)	(State)
	2		y that (I) (85		ended, the deceased	from	1/4/ .1	9 66 to_	1/5/	19.66 tl	nat (I) (Wex last
1		saw the de-	ceased alive	3 /3+ 1 /	5// ₁₉ 66		death occurred at		n the causes an		
		22a. SIGNATU	4.	Y	11-			AM MED.	STAFF -	22b. DATE SI	GNED
1		22c. PHYSICIA	Kay 1	n /m	uh	M.0		DIRECTOR _	PHYS.	1/5/6	6
		NAME (T)	maV/	M. Smith	M.D.		HahnProf	3ldg.,	Severna	Park, M	d.
	23a.	BURIAL, CREM	ATION, 23b.	DATE THEREOF	6 23c. NAME OF		OR CREMATORY		ATION (City, tow		(State)
	20	Burial Dire	1/1/	10/66	Braddock	c Cath	olic Com.	Brad C'D BY REGIS	dock, Pi	ttsburg	Pa.
	1	1 W	.0101	11	Severna	Dank	1.4.51	10 100	6 Lo	rle Ju	
	4	white of	11th - 60	1	Deagtite	LIGHK	PICE DATE	~ ~ 10%	4	0-	4 -

VR A15 (4) 20M 1/65



THE COMPINE OR STREED STREED 124 hours The law requires that the death cautificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

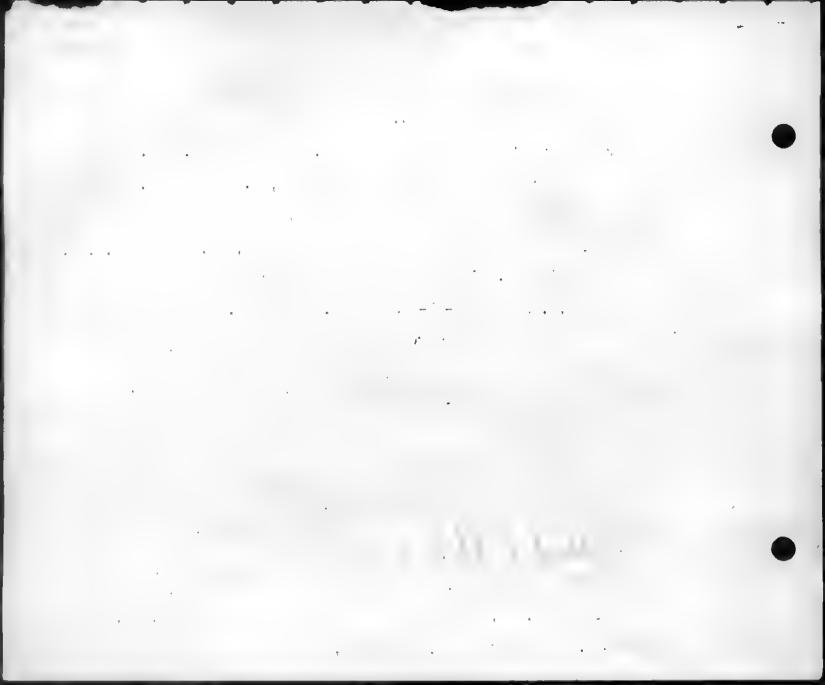
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRENTOR: After this certificate has been signed by t⊪ attending by sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit purmit. Then please remove carbon papers. Pages' 1 and Alicetor, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH CO159 OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00152

1. PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	e. STATE b. COUNTY Anne Arundel Anne Arundel
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Anne Arundel Mary b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY	IN 1b Maryland Anne Arundel C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street a	Severn /
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street a	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
North Arundel Hospital	Rt.#1 Box 322 Maple Rd. YES NO X
3. NAME OF Pirst Middle	Last 4. DATE Month Day Year
(Type or print) JESSE DIMOI	L MITCHELL ST DEATH Jan. 25 19 66
5. SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIES	2 DATE OF SIRTH IS ACE (IN VORCE) IF HINDED 1 VEAD HE HADED 24 HDS
	last birthday) Months Days Hours Min.
Male WIOWED DIVORCED TO DIVORC	
during most of working life, even if retired) INDUSTRY	COUNTRY?
Maintanance Sheet Metal	14. MOTHER'S MAIDEN RAME
William H. Mitchell	Lethia Glenn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	. 17. INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	
YES ILL. I 218-07-9784	
PART I DEATH WAS CALLED DV.	ONSET AND DEATH
IMMEDIATE CAUSE (a) 1. Coronary C	Occulusion.
T & U I DUE TO	
Conditions, if eny, which (b) 2. Pulmonary	Emphysema with chronic bronchi-
	bloratic heart disease with hunor
underlying cause last. (c) 4. Peplic ulco	hlorotic heart disease with hyper-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUTOPSY
None.	PERFORMEO?
20a. ACCIOENT WAS UNDERLYING 20b. DESCRIBE HOW INJUING OR CONTRIBUTING CAUSE OF DEATH No accident of the contribution of	RY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
i i i i i i i i i i i i i i i i i i i	Oe. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
Hour e.m. While Not While p.m. 19 at work et work	ractory, street, onice meg., etc.,
21. I certify that (I) (this hospital) attended the deceased fr	om 10-17- 1959 to 1-8 19 66 that (I) (we) last
saw the deceased alive on 1-8 19 66 a	nd that death occurred a18:40.M, from the causes and on the date stated above.
22a. SIGNATURE 4	1 22b. DATE SIGNED
(Clivert of Cooper he)	ATTENDING - MEO STAFF -
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 1
NAME (Type) Albert F. 1Cooper, M. D.	406 Crain Highway, S. W.
	Glen Burnie, Maryland METERY OR GREMATORY 23d. LOGATION (City, town or county) (State)
REMOVAL (Specify) Jan. 25, 1966 Loudon F	
24. FUNERAL DIRECTOR ADDRESS	252. REC'D BY REGISTRAR 250. REGISTRAR'S DIGNATURE
Vrengra A. Studternu Pisu Ri	irnie, Md oate FEB 1 1966

VR AI5 (4) 20M 1/65



OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before add PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND 22 c. CITY OR TOWN It outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outs'de corporate limits, write RURAL and auve magest sown) c. LENGTH OF STAY IN 16 . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 14 Dev Year NAME OF Month DECEASED 66 (Type or print) 19 9. AGE (In years | IF UNDER 1 YEAR LE UNDER 24 HRS. 5. SEX RACE 7. MARRIED TO NEVER MARRIED last bigthdey) Months (WIDOWED [DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 10s. USUAL OCCUPATION (Give kind of work dona during mest of working life, eyery if retired 13. FATHER'S NAME 1 16. SOCIAL SECURITY NO. (Yas, no, or unkown) [(Ifyesgivewerordetesofservice) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line lef (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. 19 WAS AUTOPSY PERFORMED? NO YES CERTIFIC. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I, of Item 18.) 20s. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20s PLACE OF INJURY (Home, term, 20f. (City or town) (Steta) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While at work al work D.m. 21. I certify that it M. from the causes and on the date stated above. 19...... and that death occurred at ... saw the deceased alive 22b DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D death. Page 4 O FUNERAL ADDIESS 22d/ 22c. PHYSICIAN'S NAME (Type) 23a BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county O 25a. REC'D BY REGISTRAR , 25b. REGISTRAR'S, SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1966 15M 7-62

PRESTON STREET, BALTIMORE 1, MARYLAND



TO HORITAL OR NITERATING PHYSICIAN: The lam requires that the death certificate be executed within 24 llours after leath. Page 4 may be ratained by the llospital or attending plysician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then lease temove carbon papers. Pages 1-and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and the super, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

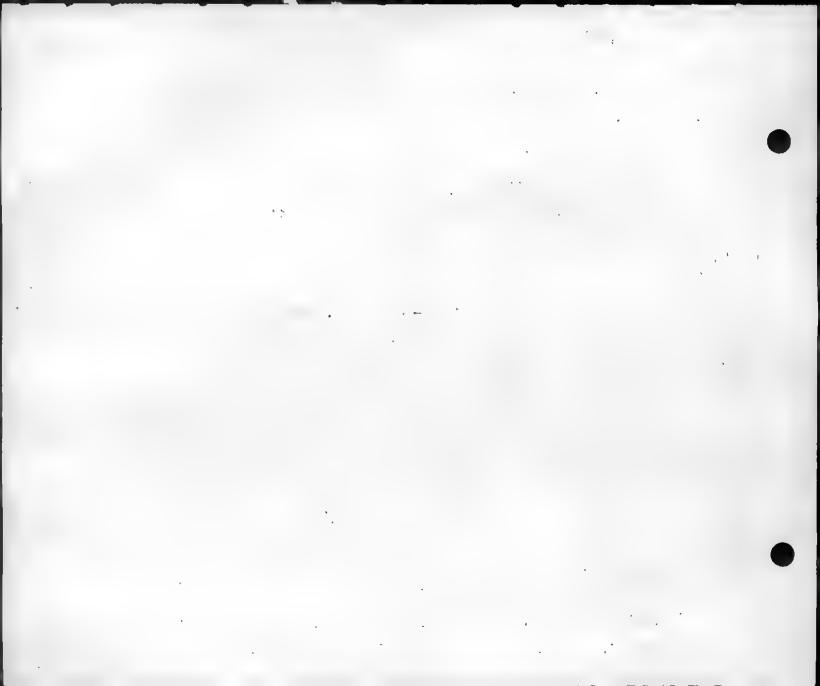
CERTIFICATE OF DEATH

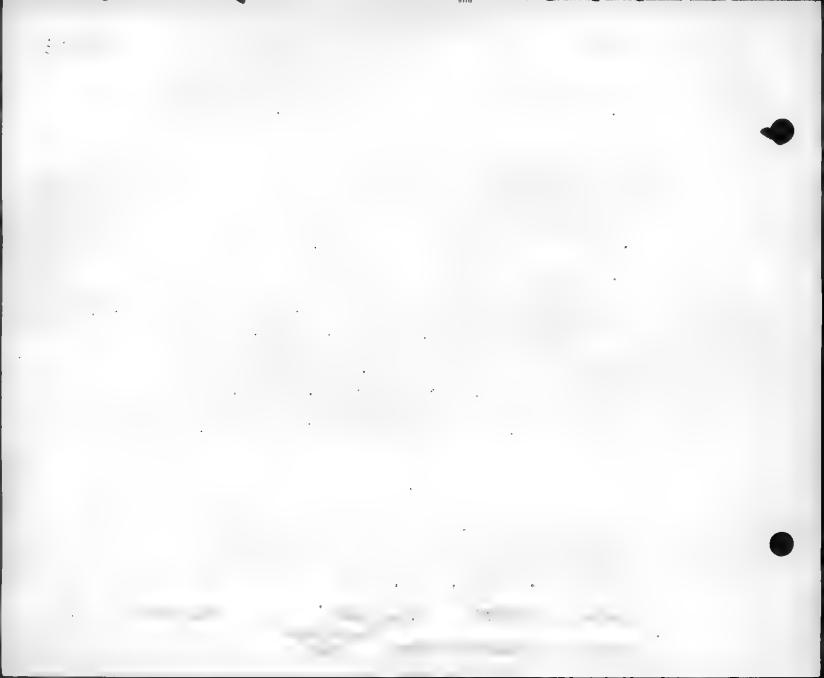
CERTIFICATE OF DEATH

00154

s. =		
	a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
1	ANNE ARUNDET, MARYLAND	GEORGIA
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	GLEN BURNIE 27 DAYS	OXFORD /
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
_	NORTH ARUNDEL GENERAL HOSPITAL	ROUTE # 1 YES NO NO
3	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) WILSON CARY	NIMMO DEATH JANUARY 18 19 66
5	. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Isst birthday) Months Days Hours Min.
_	MALE WHITE WIDOWED DIVORCED	MARCH 11, 1901 64 yrs.
d	Da. USUAL OCCUPATION (Give kind of work done 1 Ob. KIND OF BUSINESS DR uring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY?
ш	SALESMAN METAL COMPANY	TENNESSEE USA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	WILSON NIMMO	MARY RICKMAN
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address ELLLICOTT
Ľ.	NO 411-16-2439 MR	S. NANCY WELK RT 4 OLD COLUMBIA RD CITY,
П	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Colored Co	- Comment of the comm
	Conditions, If any, which \ DUE TO Concaver - h	and december years
	gave rise to Immediate	eace occur
1	cause (a), stating the DUE TO	
z	underlying cause last. (c)	
TE	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
		YES NO
CFRTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCUI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Pert I or Pert II of Item 18.)
		CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
MFDICAL	Hour a.m. While Not While factor	y, street, office bldg., etc.)
Z		1/26
	21. I certify that (I) (this hospital) attended the deceased from	
П	saw the deceased alive on 1966, and that	death occurred at M, from the causes and on the date stated above.
П	I do do not d.	ATTENDING AND MED. STAFF
	22c. PHYSICIAM'S M.D.	PHYS. DIRECTOR PHYS. 1/8/06
	NAME (Type) Ernest A. Leipold	425 Ritchie Hy S E. Glen Burne
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Jan .21,1966 St. John's Ce	metery Pfeiffer's Corner, Maryland
	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Harry H. Witzke, 321 Columbia Pike, Ellico	ott City MIDAN 19 1966 Mi world Judge

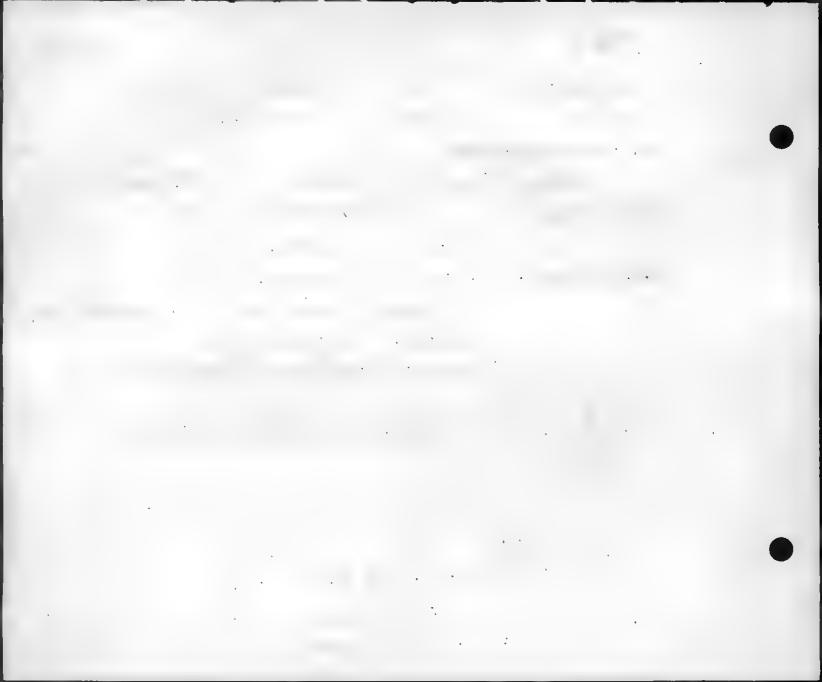
5 (4) 1/65 VR AIS







MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00164 CERTIFICATE OF DEATH death. funeral and 2 death. PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY the a. STATE after remove carbon papers. Pages 1 in any event, within 72 hours after OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY þ 24 hours TOWN CROWNSVIlle .5 filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO X YES etely death certificate (be. executed within NAME OF Middle Last 4. DATE Month Year Day DECEASED сошы (Type or print) DEATH WENS 19 reeman 66 5. SEX 6. COLOR OR RACE AGE (In years IPUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months and Days Hours WIDOWED X DIVORCED IDa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR physician 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease and INDUSTRY, COUNTRY? _ removal. FATHER'S NAME MAIDEN NAME attending phermit. Then JOHN ALEXANDER OWENS SUSAN transit permit, cremation, or re WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN' Address (Yes, no, or unkown) (If yes give war or dates of service) OWN SVI the been signed by the the burial-transit p for to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) ardini/ascular Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) this certificate h detached for use te Dept. of Health p 19. WAS AUTOPSY USB PERFORMED? Dram-YES | NO PO the hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. JEnter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 2Df. (City or town) (State) (County) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While OR ATTENDING p.m 19 at work at work 4 may be retained DIRECTOR: Af age 3 should lled with the S 21. I certify/that (I) (this hospital) attended: the deceased from 19 6 G . that (I) (we) last 06 saw the deceased alive on and that death occurred from the causes and on the date stated above. DATE SIGNED SIGNATURI 22a. page filed ATTENDING MED. PHYS. DIRECTOR M.D. O FUNERAL I director, pay should be fil O HOSPITAL PHYSICIAN 22c. 722d. ADDRESS NAME (Typ) Page BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL, (Specify) 2 219 45 4677 95 FUNERAL DIRECTOR ADDRES: REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

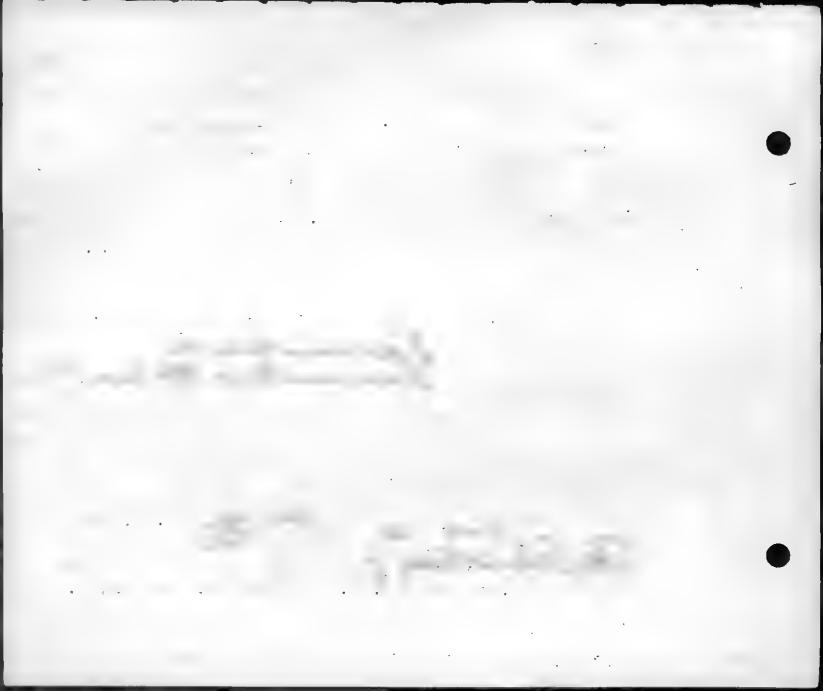


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

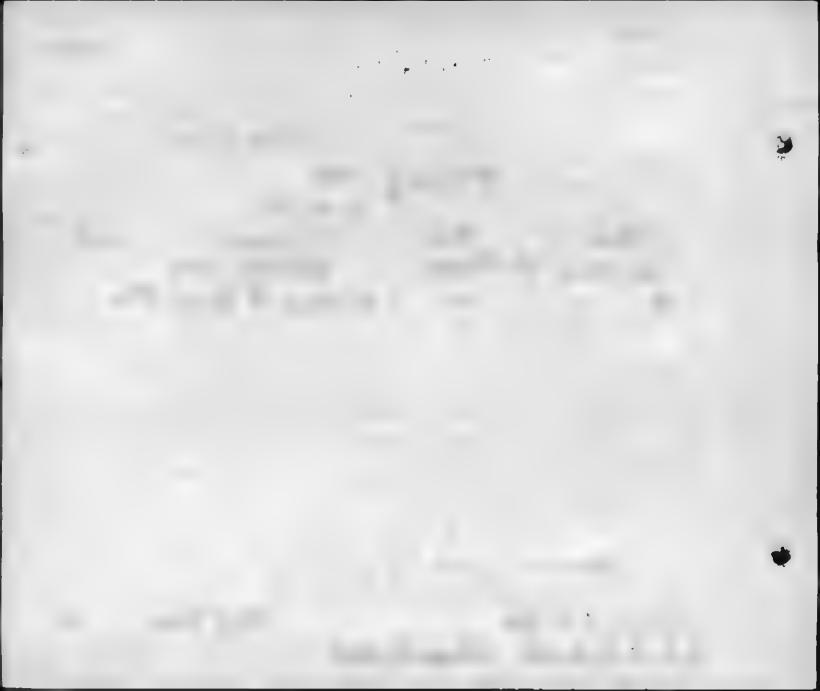
I.	UUZWU GE	THEILAIC	UL DEALL			00158	£
1	1. PLACE OF DEATH a. COUNTY	1	2. USUAL RESIDENCE			dence before admis	ssion)
1	Anne Arundel	MARYLAND	e. STATE	land	b. COUNTY Anne	Arundel	
ľ	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	OF STAY IN 1b	c. CITY OR TOWN (If o				own)
1	Annapolis 35 l	fin.	RIBAT	Severna Pa	ark	/ /	
i	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street address)	d. STREET ADDRESS	DO V CI IIIS I	at a.	e. IS RESIDE	
1.	Anne Arundel General Hospital		Rt-2, Box-	398		ON A FAR	-
ı	3. NAME DF FIRST M	Iddle	Lest	4. DATE	Month	Day Year	
	(Type or print)		PACK	DEATH J.	anuary	25 19 6	6
V	5. SEX 6. COLOR OR RACE 7. MARRIED THEYER	MARRIED X 8.	OATE OF BIRTH	9. AGE (In	rthday) Months I D		
I	Female Negro WIDOWEO	DIVORCEO	Jan. 25, 196		rthday) Months Da		Min. 35
4	1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS during most of working life, even if retired) (NDUSTRY		11. BIRTHPLACE (Cou	inty & State, or foreig		ZEN OF WHAT	agil agil a
1	Newborn		Anne Aru Maryl		U.S	NTRY?	
1	13. FATHER'S NAME		14. MOTHER'S MAIDE		,	-	
	Himis Harusen		RESIL Z	Lee. Da	CA		
	15. WAS DECEASED EVER'IN U.S. ARMEOFORCES? (Ves., no., or unknown) (If yes give war or dates of service)	URITYNO. 17	NFORMANT	- /	Address	1	
1		0 190	SIRZURY	rackly	2 Se 1101	work kill	THE !
ľ	18. CAUSE DF DEATH [Enter only one cause per line for (a),	n), and (c).]	-			INTERVAL BETW	EEN
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	A 12 .24	2 . 4.	15 %		ONSET AND DEA	IIH.
1	DUE TO	11	VI VO	7		21	
١	Conditions, If any, which }	non	Tre	re He	50 Quisa.	25/0	
J	gave rise to Immediate cause (a), stating the DUE TO			7		7	
1	underlying cause last. (c)			·	\		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELAT	EO TO THE TERMINAL DI	SEASE CONDITION G	IVEN IN PART 1(a)	19. WAS AUTO	PSY
ı	COAT					PERFORME YES NO	D:
1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE H	OW INJURY OCCUR	RED. (Enter nature of I	Injury in Part I or F	art II of Item 18.)	1	A
1	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OE 2Da. ACCIDENT WAS UNDERLYING 20b. OESCRIBE H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
1	3 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCU		E OF INJURY (Home, far	m, 20f. (City or	town) (Count	y) (Stat	(e)
	20c. TIME OF INJURY Month, Oay, Year 20d INJURY OCCU Hour a.m. While Not Wi	ille 🖂	, street, office bldg., etc	7-3			
ı	21. I certify that (I) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		1/25.19	Con da	n. 25, 19 66	that (I) (next	- last
		Mr. F	death occurred at		causes and on the		
	228. AIGNATURE	7		MIL	22b. DAT		
ı	My Cluster	/ M.D.	ATTENDING X DI	ED. STAF	1/2	6/66	
ı	22c. ATSICIAN'S NAME (Type)	10	22d. AOORESS			•	
	MAWE (Type) Stuart M. Christhilf	Jr. MD.	69 Frankl	in St., A	nnapolis,	Md.	=
	23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NA	WE OF CEMETERY	OR CREMATORY	230 LOCATION	(City, town of count	(State	20
-	Blural 1-30-1966 X	dias	7	Garde	eglithe	9445411	(.
	24. FUNERAL DIRECTOR ADD	RESS	25a. REC'	D BY REGISTRAR	25b REGISTRAR'S	SIGNATURE	
	William Riesett 1111	101/11	DATER	7 1956	Holonles	Judge	

VR A15 (4) 20M 1/65



CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH Dixision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 2. USUAL RESIDENCE (Where decesed lived, if institution; Residence before edmission) 1. PLACE OF DEATH . COUNTY e. STATE b. COUNTY Anne Arundel MARYLAND Marvland Anne Arundel b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 ec. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest fown) write RURAL end give neerest town! Annapolis Annapolis d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve streat address) d. STREET ADDRES . IS RESIDENCE ON A FARM? Anne Arundel General YES NO 3. NAME OF First Middla 4. DATE DECEASED OF (Type or print) DEATH 8. DATE OF BIRTH 5. SEX 6. COLOR OR RACE T. MARRIED NEVER MARRIED AGE (In years | IF JNDER 1 YEAR] IF UNDER 24 HRS. last birthday) Months Days male white WIDOWED [DIVORCED 10a. USJAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during mgst of working life, avan if retired) Maryland Yone 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np of unkown) | (Ifyesgivewerordatesofserv.ca) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e) Interstitial pneumonitis DUE TO Conditions, if any, which (b) gava rise to immediate causa DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(41) 19. WAS AUTOPSY PERFORMED? NO Bilateral otitis media 20s. EXTERNAL CAUSE WAS 20b. DESCR BE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH, 20c. TIME OF INJURY Month, Day, Year | 20d, INJURY OCCURRED , 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, sireet, office bldg., etc.) Hour a.m. While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER T ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1/28/66 DEPUTY MEDICAL EXAMINER EXAMINER'S Werner U. Spitz, M.D. NAME (Type) Address (Street, city, town, or county) 226, BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY ADDRESS REC'D BY REGISTRAR



to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please taken arbon papers. Pages and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, It institution; Residence before admission) a. STATE b. CDUNTY				
	Anne Arundel MARYLAND	a. SINIE D. OPONTI				
	b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	Laurel 18 years	Washington, D. C.				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?				
	Children's Center Hospital	1126 Neal St., N. E. YES NO				
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year				
	(Type or print) Charles	Petty DEATH January 26 1966				
5.	SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 3 8	3. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.				
	Male Negro WIDOWED DIVORCED	6-6-40 26 yrs.				
dur	a. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
]	Institutionalized	Virginia USA				
13.	•	14. MOTHER'S MAIDEN NAME				
1.5	Richard Petty	Edith Callens				
(Ye	es, no, or unknwn) (If yes give war or dates of service)	INFDRMANT Address				
		nildren's Center Hospital, Laurel, Md				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSETANO DEATH				
	PART I. DEATH WAS CAUSED BY: Cardio-respiratory	y failure 4 days				
	3255 DUE TO .					
	conditions, if any, which) (b) Spastic quadripleg	gia - severe				
	gave rise to immediate (cause (a), stating the) DUE TO					
_	underlying cause last.) (c) Mental retardation					
TIOL	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOTRELATED	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
FICA		YES ND X				
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCUI DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)				
		CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)				
MEDICAL	Hour a.m. While Not While factor	ry, street, office bidg., etc.)				
Σ		200 1- Inniani 2610 66 that (1) (up) last				
	21. I certify that (I) (this hospital) attended the deceased from Ma	arch 19 , 1948 , to January 2,619 66, that (1) (we) last the death occurred at 5:40 M. Prom the causes and on the date stated above.				
	saw the deceased alive on January 20,19 66, and that	22b. DATE SIGNED				
	James & Boyland M.D.	ATTENDING X DIRECTOR PHYS. 1-27-66				
	22c. PHYSICIAN'S	22d. ADDRESS				
	JAMES E BOYLAND, M. D.	Children's Center Hospital, Laurel, Md.				
238	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fown or county) (State)				
	15	Center Kours Mid				
24	A. FUNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE				
1	Sellett Handdran, Laurel 111	d FATE 3 1956 Michaeles Judge				



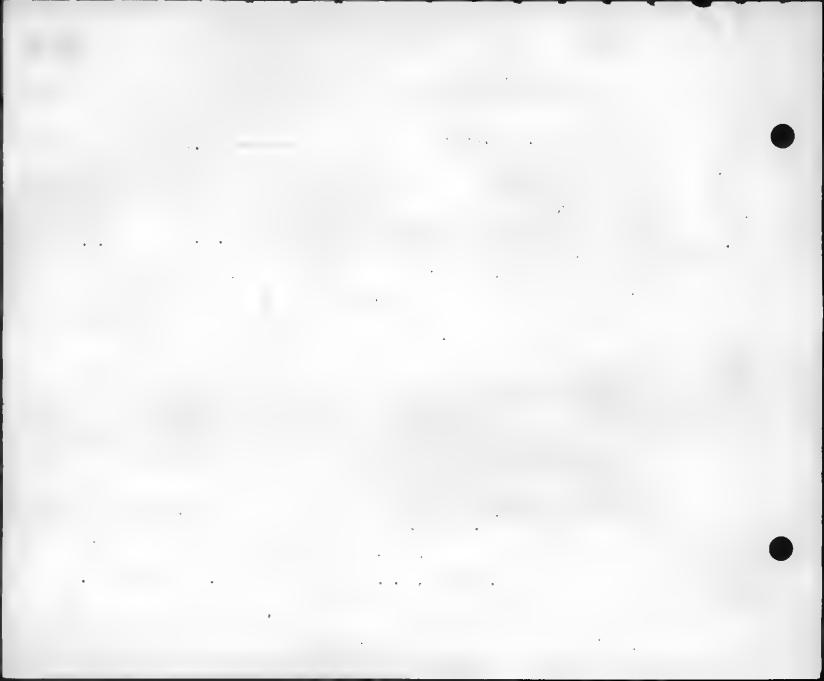
24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please edmove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it alway, and it, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

00161

	~ ~ -							1111211
1,	PLACE DF DEAT	Н			13	CE (Where deceased		Residence before admission)
			Arundel	MARYLAND	a. STATE Mar	yland	b. COUNTY A	nne Arundel
	b. CITY OR TOW	/N (if outside cor and give nearest	orate limits,	c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (II	foutside corporate	Ilmits, write RURA	L and give nearest town)
	Annaj	polis			Ann	apolis		
				hospital, give street address)	d. STREET ADDRESS			e, IS RESIDENCE ON A FARM?
Aı	nne Aruno	del Gener	al Hospi	tal	77 North	west St.,		YES NO NO
3.	NAME DF DECEASED		First	Middle	Last	4. DATE	Month	Day Year
	(Type or print)	Ma		Eva	PINKNEY	DEATH	January	12 19 66
5.	SEX	6. COLOR OR RA	CE 7. MARRIE	D X NEVER MARRIED	8. DATE OF BIRTH	9. AGE	(In years IFUNDE birthday) Months	R 1 YEAR IF UNDER 24 HRS.
	Female	Negro	WIDOWE		July 27, 19	005 60	yrs.	
10a dur	. USUAL OCCUPAT	FION (Give kind of v ing Life, even if/re	vork done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (C		ign country) 12.	CITIZEN OF WHAT
	Conce	DICE	netous,	Mr. State	Washingto	n, E. C.		U.S.
13.	FATHER'S NAM	E O	111	- 110	14. MOTHER'S MAII	DEN NAME		
	40	-11/1	· Wo	ade	1(222	Wan	622 CZ	2Cl
15 (Y	WAS DECEASED	EVER IN U.S. ARME	D FORCES? 18	S. SOCIAL SECURITY NO. 17	INFORMANT	7 /2	Address	71 7.1 1 61
	110		2	1218413512	ecral &	SUNKN	24///	11 Noust VI
	18. CAUSE DF	DEATH [Enter onl	y one cause per	line for (a), (b), and (c).}	-		7	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DI	EATH WAS CAUSED IMMEDIATE CA		recepent to	uccerre l	ans-		4 hogewan
	33	ł V	DUE TO					
	Conditions, If	any, which	(b)					
	gave rise to cause (a), s		DUE TO					
	underlying caus		(c)					
NO.	PART II. OTHER	SIGNIFICANTOON		BUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION	GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
CERTIFICATION								YES NO
TIF		WAS UNDERLYING		DESCRIBE HOW INJURY OCC	URRED. (Enter nature o	f Injury In Part I o	r Part II of Item 1	8.)
CEF		ING 🗀 CAUSE OF TIFY MEDICAL EX						
CAL		INJURY Month, D	ay, Year 2Dd.		CE OF INJURY (Home, fa		r town) (Co	ounty) (State)
MEDICAL	Hour a.r		19 While	B NOT WITTE]	ory, street, office bldg., e	etc.)		
2				ded the deceased from	1/12 1	9/6 to Jan	. 12 196	6 , that (I) (We) last
		ceased alive on.	Jan.	20 //	t death occurred at_			the date stated above.
	22a. SIGNATU		11/1	10 11	4:]			DATE SIGNED
	16	Ch Alland	11.9	Ellena H.			AFF	113/66
	22c. PHYSICIA NAME (T		and T U-	ahman M.D	22d. ADDRESS 59 Frank]	Lin St., A	ກກລກດໄລ້ຂ	Ma
		vpe) Richa	rd 1. no	chman, M.D.		LIN So., N	inieborra,	77=
238	BURIAL, CREN	BOILDY 4	TE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	2345 LOCATIO	N (City, town or c	ounty) (state)
×	FUNERAL DIRE	0700	07766	ADDRESS	E CIVICA	C'D BY REGISTRAR	er our	DIC SIGNATURE
19	. YUNERAL BIRI	1	1 4	ADDRESS	4 1 7,427	A AL 1 7 401		

VR A15 2DM 1/ 1/65



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending prosection and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon papers. Pages V and Should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

B. B. B. Ph 3/4	ALLO OF	BY AN INCIDENCE OF	PRABELL.	CALL OF	THE RESIDENCE
MARTL	ANU 5	1 A I E U	EPARTM	ENI UE	HEALTE

		00189	SEARCH AND RECORDS			ORE 1, MARYLAND
			CERTIFICAT	E OF DEATH		00162
	1.	PLACE OF DEATH a. COUNTY			E (Where deceased lived, If I	nstitution: Residence before admission/
1		Anne Arundel	MARYLAND	a. STATE Virgi		Hrlington
		 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, v	vrite RURAL and give nearest town)
		Annapolis	Moar	Arlingto	n 🗸	
		d. MAME OF HOSPITAL OR INSTITUTION OF HO	in hospital, give street address)	d. STREET ADDRESS		e. 1S RESIDENCE ON A FARM?
		Hyme Hrundel Ge	ecrel Hospital.	5408 N. W.	ashington Blw	YES NO X
	3.	NAME OF First	Middle	Last	4. DATE Mon	
		DECEASED (Type or print) James	Reed	Porter	OF DEATH Jan	22 19 66
	5.	SEX 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		LIFTINDER TYPARILETINDER 24 HRS.
	M	ale white WIDO	WED X DIVORCED	July 28.19		Months Days Hours Min.
	10a		Ob. KIND OF BUSINESS OR INDUSTRY		unty & State, or foreign count	ry) 12. CITIZEN OF WHAT COUNTRY?
			Newspaper	unlma	T. 7900.	USA
	13.	Printer FATHER'S NAME	Mewspapier	14. MOTHER'S MAID	EN NAME	
		James P. Ponton		070	ra W.	
	15	James R. Porter . WAS DECEASED EVER IN U.S. ARMED FORCES? :s, no, or unknown) ((fyesgive war or dates of service)	16. SOCIAL SECURITYNO. 17.	INFORMANT	Addr	935
		No	577 20 22 64 Na	s.C.rl. Carr	ica =3805 The	ver Ct. Fairfaylla
		18. CAUSE OF DEATH (Enter only one cause		S.U. II. UBITE	100 = 38U5 THE	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE GAUSE (a)	Hente Myscar	dial In	taret.	ONSET AND DEATH
		4 - 1 DUE TO	1 1 1/1	0 /	1 / 0	
		Conditions, if any, which	Literiosclerotic	Cardiova	scular 1/15e	es C.
		gave rise to immediate Cause (a), stating the DUE TO	1111	1		
		underlying cause last. (c)	Hypertension	. 4		
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN I	N PART 1(e) 19. WAS AUTOPSY PERFORMED?
и	ICAI	Obesity.				YES NO
	XTIF	202. ACCIDENT WAS UNDERLYING 1 20	b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	Injury in Pert I or Part II	of Item 18.)
	9	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	CAL			CE OF INJURY (Home, fa		(County) (Stete)
	MEDICAL		While Not While Tacto	ry, street, office bldg., e	(6.)	24 /-
	~	21. I certify that (i) (this hospital) at		DA 22 10	LL to DA 2	2 19 66 that (I) (we) last
		saw the deceased alive on 220	22 19 66 and that	death occurred at 4	37PM, from the cause	s and on the date stated above.
		22a. SUCHATURE	11 11			22b. DATE SIGNED
,		X will tollow	7/1/9// M.D	ATTENDING N	MED. STAFF PHYS.	1/23/66.
/		22c. PHYSICIAN'S NAME (Type)	11-111111111111111111111111111111111111	22d. ADDRESS	0/ 1	A name
		LIGHT HI	renry Illapp Mi	1 10 V	edy street	Hnnapsis
	23a	REMOVAL (Specify) 23b. DATE THEREOF	23E. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county) (State)
		Removal-Burial 1/23/66		emetery	Suitland	
	24	Description Hopping	ADDRESS	25a. REC	0.0	REGISTRAR'S SIGNATURE
17		Hopping Funeral Home	Annapolis, Md.	DATERIN	26 1966 //	and i mode
		/				U



. IS RESIDENCE ON A FARM?

YES NO IN

19 66

Year

12. CITIZEN OF WHAT COUNTRY!

INTERVAL BETWEEN ONSET AND DEATH

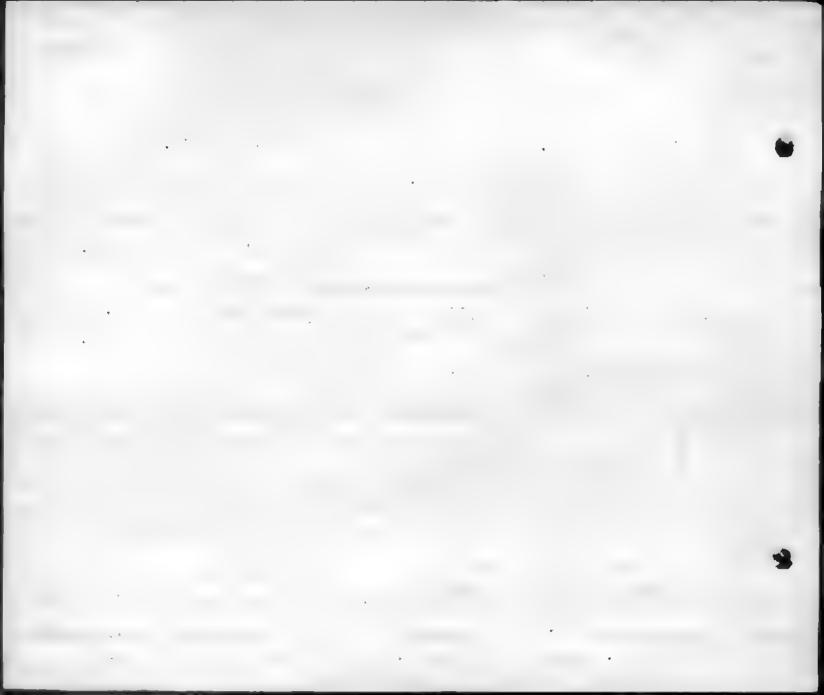
> PERFORMED? NO K

> > (Stote)

and in my opinion

DATE SIGNED

(County)



Parkwood

York

Road

Μđ

ADDRESS

Parkville

REC'D BY REGISTRAR

Balto . Co . Md .

25b. REGISTRAR'S SIGNATURE

Charles

VR A15 (4) 20 M 1/65 24. FUNERAL DIRECTOR

H.W.Jenkins&

Sons

Co

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, transpay event, within 72 hours after death. 24 Tours affill Teath. THE ROSPITAL OF ATTENDING PHYBICIAN THE law requires that the limit certificate lie executed mithin Page 4 may be retained by the hispital or attending plysician.

MARYLAND STATE DEPARTMENT OF HEALTH

PHYSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE DF DEAT	Н				2. USUAL RESIDEN	CE (Where deceased I	ived, If institution	n: Residence De	fore admission)
	2. COUNTY	inne Arunne	el Jour	nty MARYLA	.Nn	a. STATE	land	P-RUNE 1	Labour ^A	
	b. CITY OR TOW	/N (if outside corpora and give nearest tow	le limits,	c. LENGTH OF STAY		c. CITY OR TOWN (II				
		rownsville	2	3mos.25 d	lavs	Arnold		02 -	1	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in h	ospital, give street add	lress)	d. STREET ADDRESS			e. I	S RESIDENCE ON A FARM?
_		ville Ct.t		oit-1		B0420	1 50	-2	YES	
3.	DECEASED		rst	Middle		Last	4. DATE	Month	Day	Year
_		3-#30399	Thoma			Robinson	DEATH	1		1966
5.	Male	NEGIO	7. MARRIED WIDOWED	NEVER MARRIED		ebruary 13	last	(In years IFUN Mont 3 yrs.	hs Days	Hours Min.
10.	a. USUAL OCCUPAT	FION (Give kind of work ling life, even if retire	done 10b. K		-1.1	11. BIRTHPLACE (C		7.01	2. CITIZEN OF	WHAT
R	etired M	ing ine, even ir retire linister	a) 1	MBUSIRY		Maryl	and		U.S.A	A
13	. FATHER'S NAM	IE .	,			14. MOTHER'S MAIL				
	Dan R	abinson				Д	nna Ro	LINS	ON	
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITYNO.	17.	INFORMANT	1	Address	-1-A	
	Yes	1918	(SCITICE)	Unknown		Hospital R	ecords			
				line for (a), (b), and (c).]				INTERV	AL BETWEEN AND DEATH
	PART I. UI	EATH WAS CAUSED BY IMMEDIATE CAUSE		Termin	al	Preumonia			3.0	lays
	743	DOE	TO Co	erebrovascu	lar	Accident	with Homo	nlania		A LIBE
	Genditions, If gave rise to		(b)			ACCIDENT.	WI UIT TIÇMI.	rhredre		a yrs.
	cause (a), s	tating the DUE	то Н	pertensive/	r-	rdiovaccul	an Diseas	2 0		
Z	underlying caus		(0)	UTING TO DEATH BUT NO					1(a) 119. W	/AS AUTOPSY
CATIC	PARTIL OTHER	SIGNIFICANT CONDITT	MSCONTRIB	DING TO DEATH BUT NO	3 KELA	SED SU SHE SEKMINALI	JISEASE GUNDITIU	GIVENINPAKI	YES Y	ERFORMED?
CERTIFICATION	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING DING CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature o	f injury in Part I o	Part II of Item	n 18.)	
MEDICAL		INJURY Month, Day,		NJURY OCCURRED 20	e. PLA	CE OF (NJURY (Home, fary, street, office bldg., e	arm, 20f. (City o	r town)	(County)	(State)
Ē	Hour a.i		While at wor	Not While at work	12010			-		
-			ital) attend	ed the deceased fro	m	9/24 . 1	9 65, to 1,	19 . 1	9 66 that	(I) (we) last
	saw the de	ceased alive on	1/19	1966 and	d that	death occurred a	M, from th	e causes and o	on the date s	stated above.
	22a. SIGNATU	RE		6.					, DATE SIGNI	ED
			UM	14	M.D	. PHYS.	MED. ST DIRECTOR X PI	AFF IYS.	1/19/	66
	22c. PHYSICIA NAME (T)	vnel	Benedi	ct. M. D.		Crownsvi	lle State	e Hospit	tal,Mar	yland_
23:	a. BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY	23d LOCATIO	N (Gityn) town or	r county)	(State)
	BEMOVAL (Sp	5 7 1/23/6	6	mtica	ela	farel	ans	eld. Na	rvland	
24	FUNERAL DIR	ECTOR		ADDRESS		7 25a. RE	C'D BY REGISTRAR	250. REGIST	RAR'S SIGNAT	
wi	n. Reese	II -108 W.	Wash.	St., Annapo	lis	Md. DATEJA	N 20 196	6 gilla	relay you	edge.

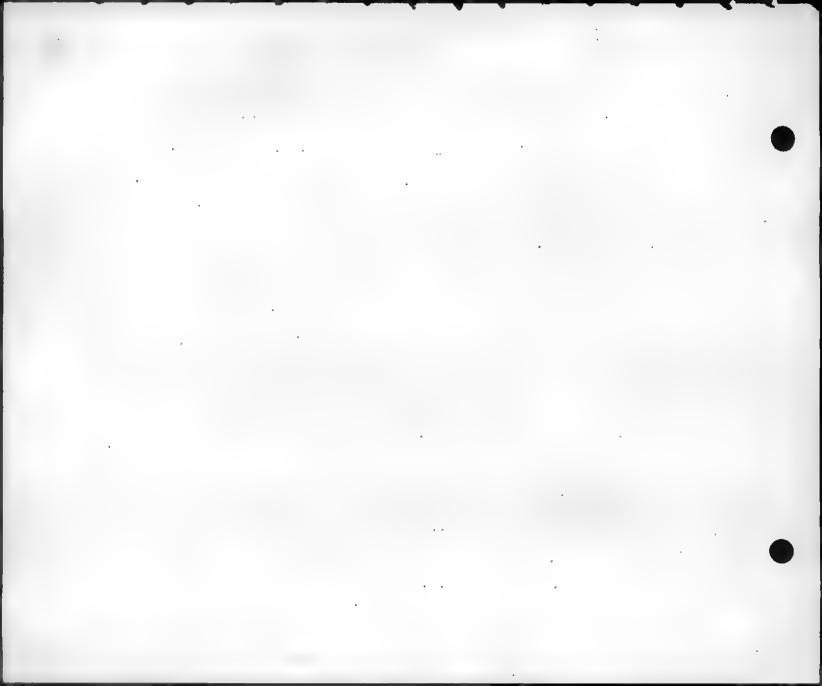
VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00173 CERTIFICATE OF DEATH
00166

1	i.	A. CDUNTY	1						e deceased lived, If i		sidence b	efore adm	(noissi)
		Anne Arundel County MARYLAND					a. STATEMaryland b. COUNTY						
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)											
		write RURAL and give nearest town) Crounsville				Baltim	ore. A	aryiand	30	11			
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)				d. STREET ADDR			<u> ~ U</u>		IS RESIL	DENCE	
2			ille State	4.1			313 N.	Ellwa	od St.			ON A FA	IRM?
	3.	NAME DF DECEASED		rst	Middle		Last	4. DA		th	Day	Year	
		(Type or print)	Α.	lhert	T. F	r o	afort	OF DE	atu Ja	п.	6	19	66
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	74.1	8. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR HE		24 HRS.
		fale	uhite	WIDDWED	DIVORCED		9/23/188		jast birthday)	Months	Doys	Hours	Min.
	10a	. USUAL OCCUPAT	ION (Give kind of work	done 10b. k	CIND OF BUSINESS OR	4	11. BIRTHPLACE	(County & S	tate, or foreign count	y) 12. CI	TIZEN OF UNTRY?	WHAT	
	uer	132	ing life, even if retire	od 4	officer Ca	ti	Maryla	nd		UU	DIAGE 11		
	13.	FATHER'S NAM	E		22.4.	-	14. MOTHER'S N	AAIDEN NAM	E				
		Thomas	Rochfort				Annie 8	'Brian	٦				
	15	. WAS DECEASED	EVER INU.S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Addr	èss			
			(If yes give war or dates o	I Service)	Unknown		Hospital	Reco	rds				
		18. CAUSE OF I	DEATH Enter only on		line for (a), (b), and (c).	1					INTERV	AL BETY	VEEN
			ATH WAS CAUSED BY		oestive Hea		Failure	Acut	=			AND DE	
		1/7 -											
	- 1	Conditions, if	DOL	TD Art	erisclerot:	ic	Heart Dis	ease					
		gave rise to	Immediate ((b)									
		cause (a), si underlying caus		Gen	eral Arter	isc	lerosis						
	중		/	(c)	UTING TO DEATH BUT NO			AL DISEASE	CONDITIONGIVEN	N PART 1(a)	[19 V	YAS AUT	nesy
	AT				Sec. Gene					1171111 4(4)	F	ERFORM	IED3
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	CAL		NJURY Month, Day,	Year 20d. I	NJURY OCCURRED 20	e. PLA	CE OF INJURY (Hom	e, farm, 20	f. (City or town)	(Cour	nty)	(St	ate)
	MEDICAL	Hour a.n		While at wor		facto	ry, street, office bld	g., etc.)					
	~	-			led the deceased fro	m	9/11/	10.54	to 1/0/	1906	that	(I) (we	a) lact
				/6/	19 66 an	d that	death occurred	at 6 A M	from the causes	and on th	e date	stated a	above.
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		NAME (T)	pe) L Bene	edi ĉ t,	M.D.		Grown	sville	e State H	ospita	al		
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)	24	FUNERAL DIRE	CYOR	A	ADDRESS		25a		EGISTRAR 25b				
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) e. COUNTY b. COUNTY a. STATE completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after Anne Arundel MARYLAND c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Glen Burnie Glen Burnie years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? No X Manor Road YES Manor Road executed within 3. NAME OF 4. DATE Month Day Year First Middle Last DECEASED 1966 Jan. (Type or print) Harold DEATH Rogers AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH гетточе 7. MARRIED NEVER MARRIED (est birthday) Months Davs Hours any 10,1908 Male Whi te WIDOWED DIVORCED | Tune 12. CITIZEN OF WHAT Eian : Ξ 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 10a, USUAL OCCUPATION (Give kind of work done) be ase COUNTRY? during most of working life, even if retired) USA Welder USCG Yard Hampshire O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME Robert Rogers Mabe] Duncan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. Address 17. INFORMANT been signed by the attenthe burial-transit permit. (Yes, no, or unknwn) (If yes give war or dates of service) Mrs. Aileen Rogers, Same INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO couse (a), stating the as th underlying cause lest. FUNERAL DIRECTOR: After this certificate has irector, page 3 should be detached for use as nould be filed with the State Dept. of Health prior (c) WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? No To YES ! 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) MEDICAL (County) (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCUBRED TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) WITH a.m. While at work at work 21. I certify that (I) (this hospital) Attended the deceased from 110 1964 AM, from the causes and on the date stated above. and that death occurred at /2/ saw the deceased alive 22b. DATE SIGNED 22a. SIGNATURE 66 STAFF ATTENDING DIRECTOR 22d. ADDRESS PHYSICIAN'S. 22C. director, p NAME (Type) Ritchie (State) NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 Glen Haven Memorial Burial ADDRESS REC'D BY REGISTRAR FUNERAL DIRECTOR 25a. Funeral Home, Glen Burnie, VR A15 (4) 15M 4-64

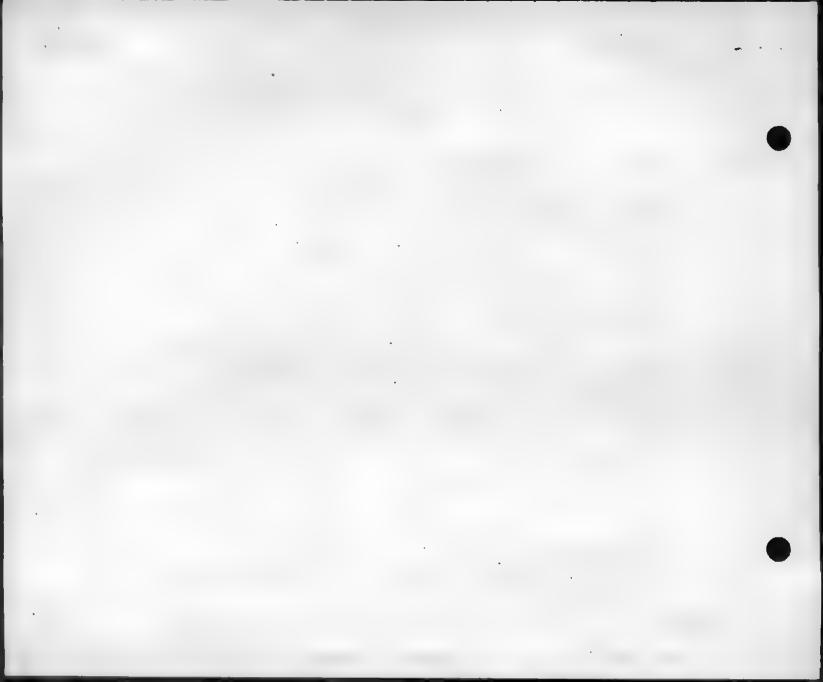


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUND please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death. b. COUNTY is necessary, MARYLAND b. CITY OR TOWN (if outside comporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL and give nearest town NAME OF HOSPITAD OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE delay ON A FARM? YES T NO P NAME OF First 4. DATE Last Month Dev DECEASED OF (Type or print) DEATH 19 EXAMINER: This certificate should be executed within 24 hours after death. 6. COLOR OR RACE 5-SFX 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days WIDOWED 10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME No. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, of unkbwn) | (Ifyes give were reletes of service) 18." CAUSE OF DEATH [Enter only one seuse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions. eny, which (b) gava rise to Immediate cause DUE TO (a), stating the underlying causa lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [18] 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Part II of item 1B) 20s. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY [Homa, farm, 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) While Not While at work al work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion MEDICAL death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DELLEGATED RE DEPUTY DEPUTY MEDICAL EXAMINED EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. THEREOF 22c. 22d. LOCATION (City, Jown, or county (Sinta) REMOVAL (Specify) 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24Ь. REGISTRAR'S SIGNATURE VR A15ME 5M 1/63



VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

e, IS RESIDENCE ON A FARM?

Year

19

Hours

ONSET AND DEATH

WAS AUTOPSY PERFORMED? ND K

(State)

(State)

NO.

YES -

Days

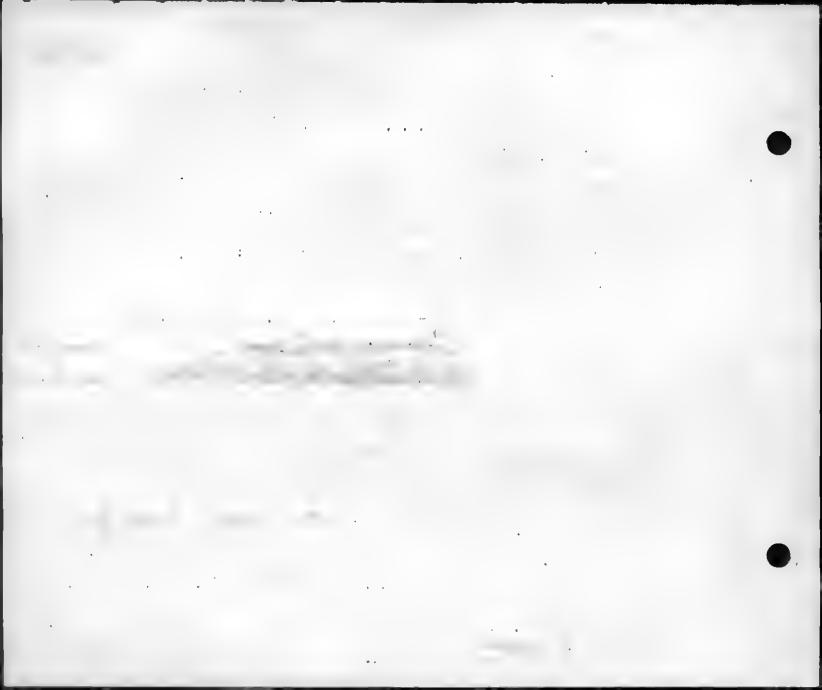
(Gounty)

22b. DATE-SIGNED

12. GITIZEN OF WHAT

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 r death PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission) a. COUNTY Anne Arundel a. STATE b. GOUNTYAnne Arundel the fuses 1 after Maryland MARY! AND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by Page pers. Page 72 hours write RURAL and give nearest town) Rural Arnold D.O.A. Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS nne Arundel Genera Hospital Rt. 2 -Box remove carbon paper any event, within 7 Dead on arrival 3. NAME DE Middle DATE DECFASED January rain (Type or print) DEATH executed SEX 6 COLOR OR RAGE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED Male [ast birthday] Months | May 23, 1911 WIDOWED DIVORGED T ng physician a hen please re moval, and ig 1Da. USUAL OCCUPATION (Give kind of work done during most of working lile, even if retired) 10b. KIND OF BUSINESS OR UNDUSTRY 11. BIRTHPLACE (Gounty & State, or foreign country) Designer
13. FATHER'S NAME Shipvard Philadelphia,
14. MOTHER'S MAIDEN NAME remova George Schultz 15 WAS DECEASED EVER IN U.S. ARMED FORGES? Laura Kern 16. SDGIAL SEGURITY NO. 17. Address 능 (Yes, no, or unkown) (If yes give war or dates of service) death by the at nsit perm emation, 181-10-2457 Mrs. Alice B. Schultz no burial-transit 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE GAUSE (a). the hospital or attending physician **DUE TO** Conditions, If any, which the bu gave rise to immediate DUE TO cause (a), stating the has be as the prior t underlying cause last. After this certificate had be detached for use a State Dept. of Health pi CERTIFICATION PART II. OTHER SIGNIFIGANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 2Da. AGGIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDIGAL EXAMINER) 20b. DESCRIBE HOW INJURY OGGURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Glty or town) DIRECTOR: After tage 3 should be defiled with the State factory, street, office bldg., etc.) Hour a.m. Not While at work While at work p.m. retained 21. I certify that (i) (this hospital) attended the deceased from January saw the deceased alive on 2:100, m. the gauses and on the date stated above. and that death occurred at 22a. SIGNAPURE De og TO FUNERAL DIRE director, page 3 should be filed w Kicha DIRECTOR Page 4 may O HOSPITAL PHYSIGIAN'S 59 Franklin St., Annapolis, Md. Richard I. Hochman , M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 1966 Ivv Hills Cemeter v Philadelphia, Burial 24. FUNERAL DIRECTOR REG'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Melanley 1966

VR A15 (4) 2DM 1/65



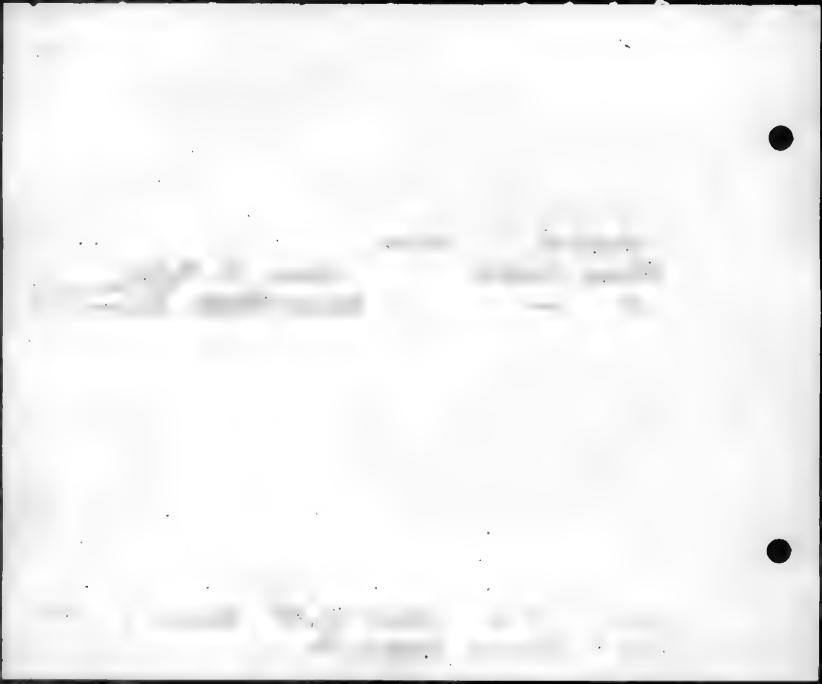
TO FINITER BITICIER, After This certificate The Bar Teen signed by the attending physician and completely filled in by the formula director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

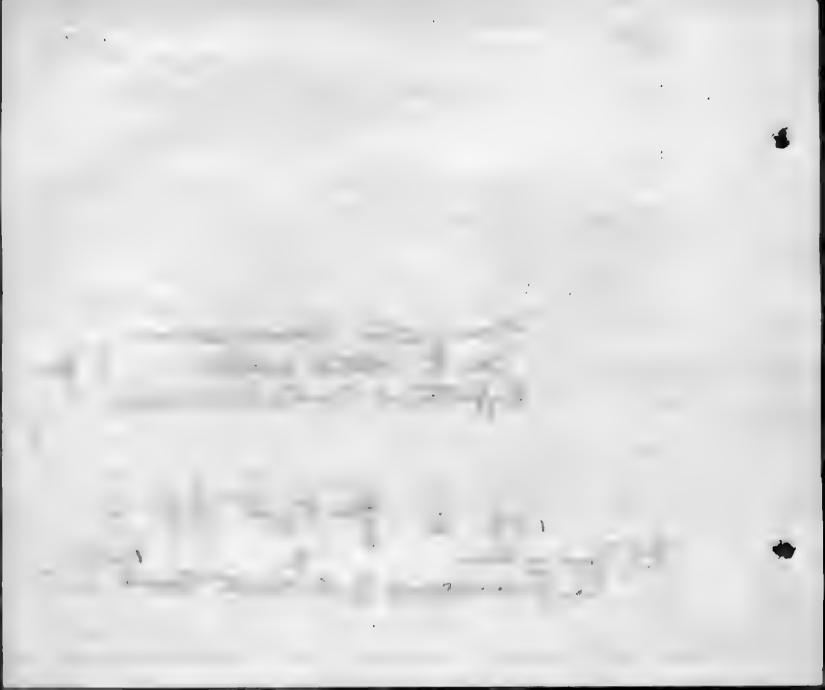
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Annapolis d. NAME OF PROPERLA (OF HOSPITAL OF HOSPITAL) 3. HAME OF APPLICATION OF HOSPITAL OF HOSPIT		b. CITY DR TOWN	(if outside corporate	e limits,					orate (Imits, writ			
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OF STATISTICAL RESEARCH AND 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item #9 Film-#4373 1/20/00 funeral USUAL RESIDENCE (Where deceased kyed, if institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits) c. LENGTH OF STAY IN 15 TOWN (If outside corporate tiprits, write RURAL and give nearest town) write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) a. IS RESIDENCE ON A FARM? YES NO X J. NAME OF Middle Year DATE OF (Type or print) DEATH IF UNDER 24 HRS COLOR OR 8. DATE OF BIRTH AGE (In years | IF UNDER 1 last bushday) Months Days WIDOWED DIVORCED 10m. USUAL OCCUPATION (Give kind of work done dering most of working hid even if retired) 12. CITIZENLOF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTR' (County & State, or foreign country) 13. FATHER'S NAME MOTHER'S MAIDEN MAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give wer or dates of service INTERVAL BETWEEN CAUSE OF DEATH Entar only one cause per line for (a), (b), and (c), i ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gava rise lo immediate cause **DUE TO** (a), stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART WAS AUTOPS CERTIFICATION 100 NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Part II of Itam 18.) 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING [1] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm., 20f. (City or town) 20c. TIME OF INJURY (County) (State) Month, Day, Year factory, street, office bldg., alc.) Hour a.m. While Not Whila al work at work attended the deceased from... 21. I certify that (I) (this hospital) to .. M. from the causes and on the date stated above. saw the deceased alive on ... 19..., and that death occurred at DATE SIGNED ATTENDING MED STAFF PHYS. DIRECTOR M.D. death. Page 4 director, page be filed with th 22c. PHYSIC AN'S 22d ADDRES NAME (Type) 23s. BURIAL, CREMATION, 23b. REMOVAL (Spacify) OH 24. FUNERAL DIRECTOR'S VR A15 (4) 15M 7-62

RTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nagrast town) write RURAL and give nearest lown) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street Address) d. STREET ADDRESS ON A FARM? YES TO NO K DECEASED OF DEATH (Type or print) 19 66 B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS last birthday) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retirad) MACHINIST - PU 13. FATHER'S NAME LAURA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEART FAILURE IMMEDIATE CAUSE (a) DUE TO THMA- EMPHYSEMA gava risa to immediate cause **DUE TO** (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior NO DE 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm,) 2Df. [City or town] (State) factory, street, office bldg., atc.) Hour e.m. Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 12-16 15, to least 19..., 19..., that (I) (we) last saw the deceased alive on 12-16 1965, and that death occurred at 100 M.M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE DIRECTOR 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (Stata) 23a. BURIAL, CREMATION, 23b. DATE INIE PARK CEM FUNERAL DIRECTOR'S SIGNATURE YR A1S (4)

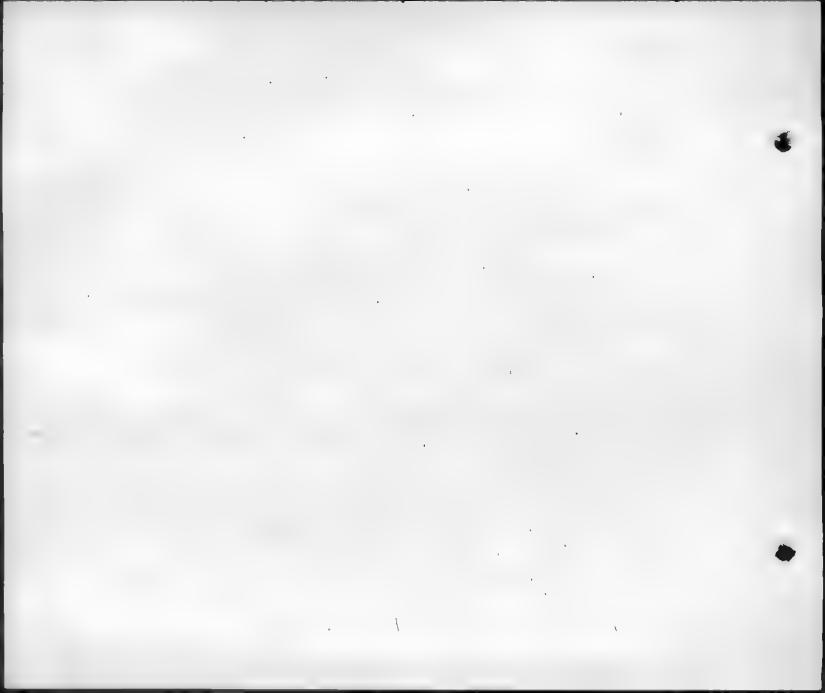


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — RALTIMORE 1 MAR

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	OR NST TUTION	If not in hospital, give street oddre		8/0 CAA	rollton A	11 01	RESIDENCE N A FARM?
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N	1/120 - Ba		of Business or Indi	JSTRY 11. BURTHPLACE STORE	Tas Virgin	12 CITIZEN OF WHA	ACOUNTRY?
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NO	PART I. DEATH IN Conditions, if any, gave rise to imm cause (o), stating the lying cause last.	ediole (yocard 12sclerol	ie Cardiova		CEASE.	BETWEN ND DEATH
CERTIFICATION	20a. ACCIDENT WAS I OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH	ellitas.	ED. (Enter noture of injury in	Part I or Part II of item 18.)		REFORMED?
MEDICAL	20c, TIME OF INJURY Hour a, m	White		PLACE OF INJURY (Home, farm octory, street, office bldg., etc.		(County)	(State)
		(this haspital) attended to alive an Jen S	2 /	death accurred a 20	Frector STAFF	Annapolis	
230	BURIAL, CREMATION, ROMOVAL (Specify)	23b. DATE THEREOF	NAME OF CEMETERY	OR CREMATORY	Best S	ate, Md	State)
24	FUNERAL DIRECTOR'S S	onature 5	ADDRESS ON	1. Mal DATE JA	D BY REGISTRAR 256. RE	GISTRAR'S S CHATURE	A Country (



e. IS RESIDENCE

ON A FARM? NO Y

Year

1966

Min.

19

Hours

mapolis Md.

WAS AUTOPSY

NO

(State)

(State)

75

260 REGISTRAR'S SIGNATURE

PERFORMED?

19.

YES

ONSET AND DEATH

15M 4-64

VR A15 (4)

FUNERAL DIRECTOR



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10104 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	110719
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution	; Residence before admission)
	a. COUNTY AACO	a. STATE b COUNTY	AA CO
	b. CITY OR TOWN (If outside_corporate limits, c, LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RUR	All and give nearest town?
	write RURAC end gife pharest town)		UNE and give more controlling
	gra BURNIE	TASaderA 02-	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS	0. IS RESIDENCE DN A FARM?
. A	DO.A-NORTH ACUNDEL. HOS P.	R.17-30x 370	YES NO
	3. NAME OF First Middle DECEASED	Lest 4, DATE Month	Day Year
	E AVV	MAN DEATH	13
	5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	(leet filthday)	ER 1 YEAR IF UNDER 24 HRS
1	MALE WHITE WIDOWED DIVORCED	2/4/84 81 yrs.	3 2033 110013 111111.
	10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
	during most of working life, even if retired) INDUSTRY Tool 4-Dic Makey	YOYK TENNA.	COUNTRY?
	13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	acarr.
	11/6 0+ 1-11	maint de ll	- 1- 1 ym
	Hapipa Sieinmann	MATT WEIGHT	9141.
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address 10	I AT. DESPES
i	NO 217-03-642 M	r. KeNAH STrohecker BAITO	. 29, md. 14
i	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN
	PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) CENTERED SE les is	(analoge	ONSET AND BEATH
	1 57	0	
	Conditions, if any, which \ Conditions		
	gave rise to immediate		
	cause (a), stating the DUE TO		
	underlying cause last. (c)		(a) lag illeg ellyopay
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY PERFORMEO?
077	(A)		YES NO
	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	IRREO. (Enter nature of injury in Part I or Part II of Item	18.)
	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
			County) (State)
	C MBIIS MBIIS	ry, street, office bldg., etc.)	
	21. I certify that I took charge of the remains described above, hel], and in my opinion
	death resulted from: Natural causes [, Accident [, Sui	cide 💹, Homicide 💹, Undetermined mann	er
	5/0	CHIEF MEDICAL EXAMINER	
	SIGNATURE Survey	M.D. ASSISTANT MEDICAL EXAMINER 🔲	22. DATE SIGNED
	~ / / //	DEPUTY MEDICAL EXAMINER	1 5 1 5
	NAME (Type) LIN hype set	Address (Street, city, town, or county)	1.2866
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CHEMATORY 23d. LOCATION (City, town or	county) (State)
	BULLAT Feb 1, 1966 Loudon	PAHE COM. BAITMONE	rayel.
16	24. FUNERAL DIRECTOR ADDRESS	A 25a, REC'D BY REGISTRAR 25b, REGISTR	
n	KIL Condeted Clark Burnie	- Med FEAR 3 1966 formula	· Judge
13	1.1. Olyanician Calculation	MY IF PARE 3 1990	

■ ALSME (5) 1/65



	DIVISION 018	N OF STAT	M/	ARYLAND STATE SEARCH AND RECO CERTIFIC	ORDS	PARTMENT OF 3, 301 W. PRESTO E OF DEATH	N STR	LTH EET, BAL	OMIT.	RE 1, 1	MARYL	AND	78
1.	PLACE OF DEATH	Annap	olis			2. USUAL RESIDENCE	E (Where				Residence	before a	dmission)
		_	del Cour	ity Maryla	IND	Maryland, 1	ast	1½ vrs	b. cour	iTY ne Ai	runde	e1 C	0.
	b. CITY OR TOW Write RURAL	N (if outside c	orporate limits,			c. CITY OR TOWN (If							
	Annapoli			88 days	Ď	Mayo - Edg	ewat	er P.O		3 %	. /		
	d. NAME OF HOS	PITAL OR INST	ITUTION (if not	in hospital, give street add	iress)	d. STREET ADDRESS					8		SIDENCE FARM?
	Anne Arur	del Gen	eral Hos	pital		Rt. 1, Box	306	-F			Y	ES 🗌	NO 🔀
3.	NAME DF DECEASED		First	Middle		Last	4. DA		Monti	1	Day	Ye	ar
	(Type or print)		Annie	Irene		Stickell	DE	ATH	1		28	19	66
5.	SEX	6. CDLOR OR	RACE 7. MARR	IED NEVER MARRIED		B. DATE OF BIRTH		9. AGE (II	years thday)	IF UNDER Months	1 YEAR	Hours	
-	F	W		VED TO DIVORCED		4-16-86		/9	yrs.				
dur	USUAL DCCUPAT	ng life, even if	f work done IC retired)	b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co	ounty & Si	tate, or foreign	1 country		OUNTRY	?	i
-10	Housewif					Near Read			ylva	nia	U.S	.A.	
13.	FATHER'S NAM	"Ilne				14. MOTHER'S MAID	n K	- 7					
15	. WAS DECEASED E	VED IN IL S AD	MED EDDCEGS	16. SOCIAL SECURITY NO.	117	INFORMANT	III	•	Addres				
(Ŷi	s, no, er unkown)	(If yes give war o	dates of service)	10. SOCIAL SECURITINO.									
	No					. Grace Pro	ctor	<u>, (dau)</u>	Sam	e as			
				per line for (a), (b), and (c).	J							ET AND	
	6 /	IMMEDIATE (CAUSE (a) Ure	emia								day	<u>s</u>
	One distance like	1	DUE TO								10	3	
	Cenditions, If a			ydration & to	oxic	ity			A - 4			day	<u>s</u>
	cause (a), st	ating the	DUE TD			Fractur							
Z	underlying caus			kensive decubi								WAS A	
A710	Diabetes	mellit	us of 8	years known rative wound,	dur	ation.	JISEASEC	UNDITIONG	IVENIN	PART 1(a)	19.	PERFOR	MED?
FIC	Post-op	intecti	on, open	rative wound,	pra	ctically su	bsid	ed.s	nili	ty.		S [_]	NO XX
CERTIFICATION	20a. ACCIDENT DR CONTRIBUTI	NG A CAUSE D	F DEATH	b. DESCRIBE HOW INJURY		RKED. (Enter nature of	וו ערומונא וו	n Part I of F	art II o	i item 18	5.,]		
	(IF EITHER, NOT	NJURY Month	Day Your L 20	ell in her hom		CE DE IN HIDV/Home de	Em 201	f. (City or i	-numi	/C o	unty)		State)
MEDICAL	Hour a.m		Ø 100		facto	ry, street, office bldg., et	tc.)			,			
Z	р.п			hile Not While work at work	Нол			Mayo		ne A		_	
	21. I certify	that (I) (this	s hospital) att	ended the deceased fro	m	Nov. 2 , 19	9-65.	to_Jan	. 20	, 1964	5, th	at (I) (1	ve) last
	saw the dec		n Jan. 4	20 19 66, and	d that	death occurred at 0	- 35W	from the	auses		he date		above.
	A STORY	I dell	3/13-2	Imay	M.D	ATTENDING X	MED. DIRECTOR	STAF			28/60		

VR AI5 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funitial director, page 3 should be detached for use as the burial-transit permit. Then please remove parbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO METERIAL OR XITENDING PRYSONE THE law requires that the meath certificate me executed within 24 hours after deuth. Page 4 may be retained by the hospital or attending phymician.

MARYLAND STATE DEFARITION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MARYLAND STATE DEPARTMENT OF HEALTH

_	eales certifica	TE OF DEATH	00179
1.	PLACE OF DEATH Anne Arundel	2. USUAL RESIDENCE (Where deceased lived, If institution: Ri	esidence before admission)
	ROWNSUILLE MARYLAND	MAKYLAND	/
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)		end give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address	BALTIMORE S) d. STREET ADDRESS	e. IS RESIDENCE
1	ROWNS VILLE STATE HOSPI	1) d. STREET ADDRESS THE 4625 KAVON AVE.	ON A FARM?
3.	NAME OF First Middle	Last 14. DATE Month	Day Year
	DECEASED (Type or print) MARY J. S	WAN DEATH JAN.	1966
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER)	Days Hours Min.
150	WIDOWED DIVORCED	6/20/887 21 yrs.	
dur	D. USUAL OCCUPATION (Cive kind of work done INDUSTRY) Ing most of working life, even if retired) INDUSTRY	GO GO	TIZEN OF WHAT
13	at home	14. MOTHER'S MAIDEN NAME	1,3,4.
	- William Beatley	unknown	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17	. INFORMANT Address	
(Ye	11.0 (If yes give war or dates of service)	Edward B. Swan 4624 Kavon Ave. 2	21206
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
П	PART I. DEATH WAS CAUSED BY: HEART FAI	LURE	Oliger Alls Bollin
	DUE TO MYDICARDIA.	L DAMAGE	
	Gonditions, if any, which gave rise to immediate (b) DIA PETES A	1ELL1145	
	cause (a), stating the DUETD underlying cause last.	YMDN/A	
NOI	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE		19. WAS AUTOPSY
ICAT	SCHIZOPHRENIC REACTION, U	NDIFTERENTIATED TYPE	PERFORMED?
CERTIFICATION	201. ACCIDENT WAS UNDERLYING 1 205. DESCRIBE HOW INJURY OF	CURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		(04.4.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. P Hour a.m. While Not While	LAGE OF INJURY (Home, farm, tory, street, office bldg., etc.) (City or town) (Cou	nty) (State)
M	p.m. 19 at work at work	11 20/1/2 1-3/2 20/2	
Ш	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 17 19 66, and the	nat death occurred at 5 M, from the causes and on the	that (I) (we) last
	22a. SIGNATURE	A 1 22b. D/	ATE SICNED
	Heilleth "	I.D. PHYS. MED. STAFF MED. PHYS.	27/56
	22C. PHYSICIAN'S NAME (Type) L. PENEDICT M.D.	22d. ADDRESS	was
23a		RY OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)
	burial 1 Feb.66 Moreland M	emorial Park Baltimore County,	
24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY RECISTRAR 25b. REGISTRAR	
	Ullrich Funeral Home, Baltimore, Md.	FOTTB 3 1966 Marien	

VR AI5 (4) 20M 1/65



MARYLAND STATE W. PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF DEATH funeral should, after PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY **b.** COUNTY by the and 2 death. MARYLAND b. CITY OR TOWN c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ģ after .⊆~ Pages filled INSTITUTION (if not in hospital, give street address) IS RESIDENCE hours ON A FARM OME YES T NO F completely papers. NAME OF Middle DATE Dey 2 DECEASED (Type or print) DEATH 19 66 Ho SEX 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR IF UNDER 24 HRS certificals be last birthdey) Months physician are e remove aen WIDOWED [DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) BIII FATHER'S NAME please 13. 14. MOTHER .⊆ attending Pull Then IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal (Yes, no. ankown) | (If yes give wer or detes of service) the et permit. 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c) INTERVAL BETWEEN þ PART I. DEATH WAS CAUSED BY ò peudis IMMEDIATE CAUSE (a) cremation, **burial-transit** DUE JÔ atlanding peen Garcinoma Fallopian tube, abdominal Conditions, if eny, which gave rise to immediate cause **DUE TO** the bur buriel (e), stating the underlying has ceuse last. [c] TH SICIAN: certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY CERTIFICATION 2 Q PERFORMED? USB NO prior YES 2Ds. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of item 18.) letached for a After this LIF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After DIRECTOR And A delached f TTENDING MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 1 20f. (City or lown) (County) (Stelle) factory, street, office bldg., etc.) While Hour e.m. Not While et work et work 19 Illi∎te D≡pt. we ru 1901. to. saw the deceased 19.6.5. and that death occurred at frog the causes and on the date stated above. 22a. SIGNATURE 22b. DATE MED. SIGNED PHYS, DIRECTOR PUNERAL PHYS. 2 M.D. with t 22c. PHYSICIAN'S 224 ABDRESS NAME (Type) filed v 236. BURIAL, CREMATION, 236. DATE THEREOI NAME OF CEMETERY OR CREMATORY LOCATION (City. lown or county) (Stelm) 0 = 30 CEDAR 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ŋ VR A15 (4) 20M 5-63

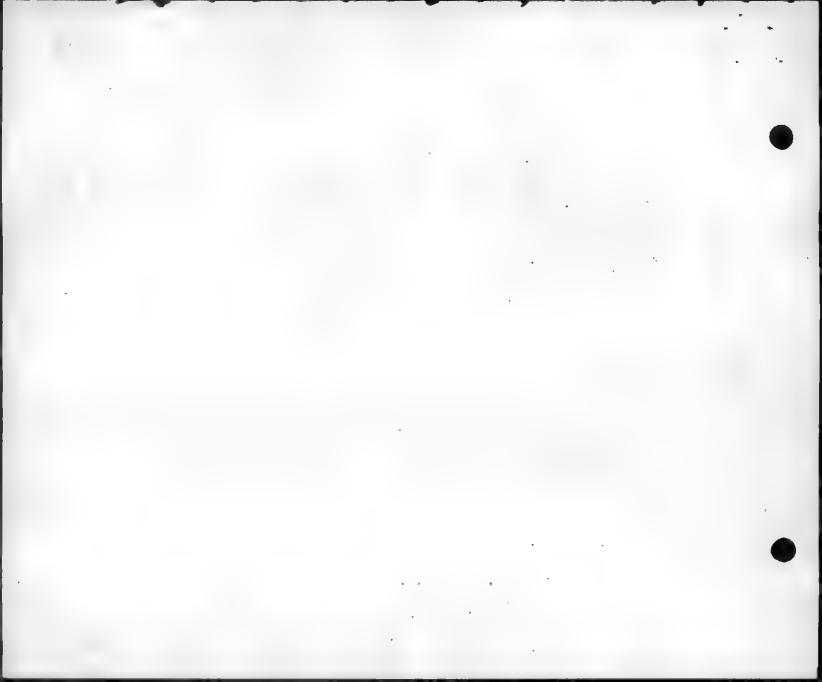
t .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remove, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law remulres that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
10188
CERTIFICATE OF DEATH

100	- W	197 17			
ź	1. PLACE OF DE	ATH /		2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)
-	far. m.	· Arind	MARYLAND	a. STATE b. COUNTY	wrds/
	b. CITY DR T	OWN (if outside corporate limit	ts, c. LENGTH OF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL	and give nearest town)
1		AL and give nearest town)		Pasadena	A2 /
ı			ot in hospital, give street address;		e. IS RESIDENCE
1	Word.	L Arundal Gan	1. Hospital	Box 302-E(R+11)	ON A FARM? YES ND
	3. NAME DF	First	Middle	Last 4. DATE Month	Day Year
1	DECEASED (Type or prin	n 1) pnn	13 D.	Thompson DEATH January 11	9 1966
-	5. SEX	6. COLDR OR RACE 7. MAI	RRIED NEVER MARRIED	9 DATE/OF BIOTH I D ACE (In years LIE (INDED)	
1	ML	lalled WID	DOWED DIVORCED	2 March 1962 Sast birthday) Months	Days Hours Min.
ľ			10b. KIND OF BUSINESS DR	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
1		orking life, even if retired)	INDUSTRY	Sidelate a bod (1	UNTRYT
Ţ	13. FATHER'S N			14. MOTHER'S MAIDEN NAME	-3,17.
-		an a Th	T	and the f	
1	15 Was Dropped		om por JE.	Mary Wheat	
1	(Yes, no, or unkown	D EVER IN U.S. ARMED FORCES? (If yes give war or dates of service	16. SQUAL SECURITY NO. 17.	INFORMANT Address	P-4
	-NO		None 1	lewey C, /hompson-del	talker)
-		F DEATH [Enter only one cause	e per line for (a), (b), and (c).]	1- /2	INTERVAL BETWEEN ONSET AND DEATH
	PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Theremo	reed (Soucko-)	3d.
	441	X DUE TO			
1	Cenditions,	If any, which) (b).			
1		to Immediate			
-	underlying c	stating the			
П		1 (0) -	NTRIBUTING TO DEATH BUT NOT REP	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY
-1	CAT	Montal R.	tavaa 7001.		PERFORMED?
)	E 20a. ACCIDE	NT WAS UNDERLYING TO		URRED. (Enter nature of injury in Part I or Part II of Item 18.)	البيات السا
		NT WAS UNDERLYING 2 UTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)			
	0		20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Coul	nty) (State)
	Hour Hour		While Not While at work	iory, sucer, omeanings, etc.)	
				Dec, 22 1965 to Jan 7 196	6 that (I) (we) last
1		deceased-alive on / =	¬ //	at death occurred atM, from the causes and on the	
П	22a. SIGNA		, and the		TE SIGNED
	(X01008 Atx	(811111 " W	.D. PHYS. MED. STAFF DIRECTOR PHYS. DI /-/	1-66-
Н	22c. PHYSI		m.	22d. ADDRESS	
	NAME	Robert C.	Irwin H.D.	5550 altimore Lational Pi	ke, Balta.
1	23a. BURIAL, CR		OF 23c. NAME DE CEMETER	Y OR CREMATORY 23d. LDCATION (City, town or cou	nty) (State)
	BUYING	Specify) 1113 19	46 Clan Haven	monoral Vk. Blog Burnie	me.
	24. FUNERAL D	RECTOR	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	75
	0 100	Talent	III AL A	MAN 14 1966 / Charles	Juage
2	3/29 4	Ton Funera	TANDE THEN DE	LA DATE	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

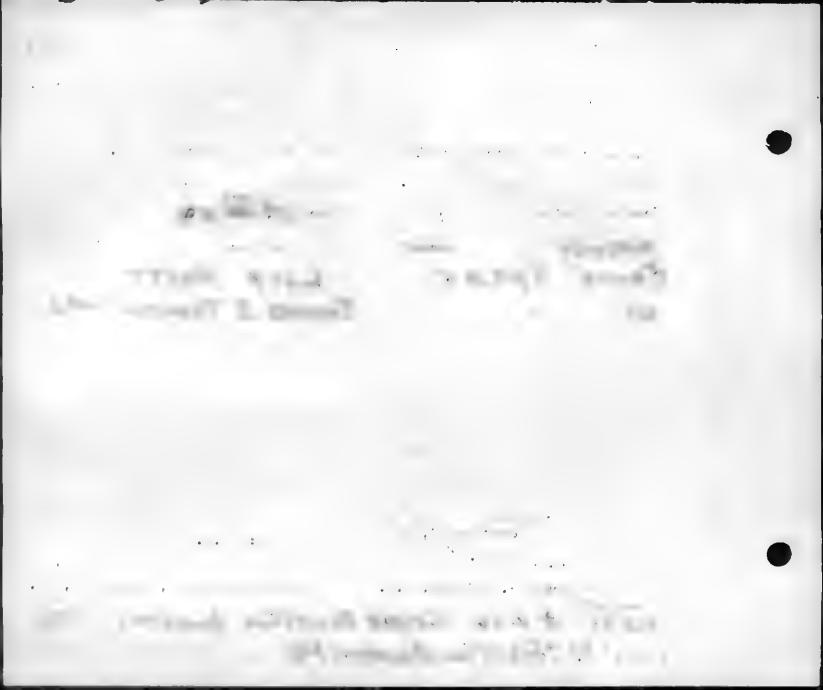
			3	CERTIFICATI	E OF DEATH	H		AATOT
	11.	PLACE OF DEAT	H		2. USUAL RESIDEN	CE (Where decea	sed lived, If institution	n: Residence before admission)
1			nne Arundel	MARYLAND	a. STATE Ma	ryland	b. COUNTY	Anne Arundel
		b. CITY OR TOW	/N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b			rate ilmits, write RUF	RAL and give nearest town)
		Anna	apolis	Life	A	nnapoli	8 .	. /
		d. NAME OF HO	SPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS	3		8. IS RESIDENCE ON A FARM?
7	_		rundel General				cester St.	YES NO X
	3.	NAME DF DECEASED (Type or print)	First Edna	Middle S. T	HOMPSON	4. DATE DF DEATH	Month January	28 19 66
	5.	SEX	6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	B. DATE OF BIRTH	1894 9. 1	AGE (In years IFUND month	DER 1 YEAR IF UNDER 24 HRS.
		Temale	White WIDOWE		March APP	7/	yrs.	
	10a duri	. USUAL OCCUPAT ing,most of work	FION (Give kind of work done 1Db. ling life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (foreign country) 12.	CITIZEN OF WHAT
		HOUSE W		HOME	Mary			USA
1	13.	FATHER'S NAM	1 Cocn	77	14. MOTHER'S MAI	DEN NAME		
		, DWI	NOPCH	/٢	Luc)	77	4817	
	(Ye	s, no, or unkown)	EVER IN U.S. ARMED FORCES? [1] (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	HOMAS	STH	OMPSON	#2
		18. CAUSE DF	DEATH [Enter only one cause per	r line for (a), (b), and (c).]	/ /	had a	7	INTERVAL BETWEEN
		PART I, D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mo (undia)	chilas	elin	1	ONSET AND DEATH
		4: 1	DUE TO		-74	, .		# A .
		Conditions, if		many 1	ann.	Acti.	1000	12
		cause (a), s underlying caus	tating the DUE TO					
	2	PART H. OTHER	SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL	DISEASE COND!	FION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
	S							YES X NO
35	CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING 20b. ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature o	of injury in Pert	I or Part II of item	18.)
	CAL			factru	CE OF INJURY (Home, i	farm, 20f. (Gi	ty or town) (County) (State)
	MEDICAL	Hour a.ı p.		ILE - NOT ANUTE -	y, street, office orag.,	6(0.)		
			ly that (1) ANS NOSPAN) atten		19 3	9, to	1-28,19	(I) (WAY last
			ceased alive on Januar	y 28,1966, and that	death occurred at	. 1 <u>ч.</u> М. from		n the date stated above.
		22a. SIGNATU	Frank Wit	texter M.D.	ATTENDING D	MED.	STAFF 22b.	DATE SIGNED 2-1-66
		22c. PHYSICA NAME (1		pley. M.D.	22d. ADDRESS	hedral		polis, Md.
	23a	BURIAL, CREK	MALIDN 1 236 DATE THEREOF	23c. NAME OF CEMETERY			ATION (City, town or	
1		BURIAL	ecity) 9-4-16	CEDAR B	ZUFF G	M. An	INIA POLI	S MO
1	24.		CTOR	ADDRESS	25a. RE	C'D BY REGISTI		AR'S SIGNATURE
1	V	DHN	M. TAYLORS	ONS ANNAPOLI	5 MDD BEB	7 196	6 Peliant	es Judge

VR #15 (4) 20M 1/65

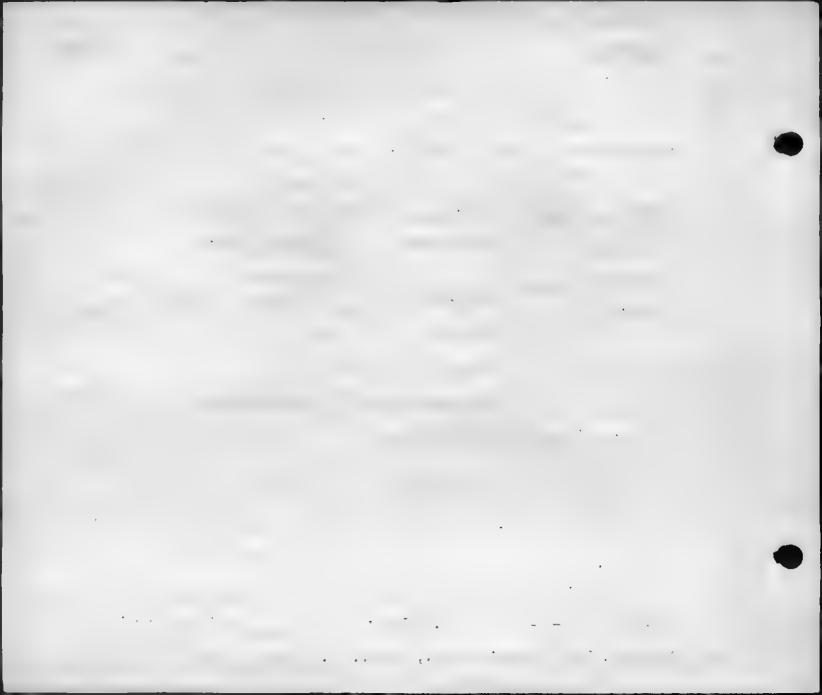
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial Indicompletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO NOTIFIE DE EXTENSION PHYSICIAN: The lam requires that the death certificate be exacuted within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.



1	MARYLAND ST	TATE DEPARTMENT OF HEALTH	
1	DIVISION OF STATISTICAL RESEARCH AND	RECORDS, 301 W. PRESTON STREET, BAI	LTIMORE 1, MARYLAND
≒ हिंच हैं	nation Cert	IFICATE OF DEATH	00188
s after fuperal found	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decress	id lived, If Institution: Residence before edmission
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	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	OF STAY IN Ib c. CITY OR TOWN (if outside corporate	limits, write RURAL and give nearest town)
O '∈ – ₽	Glen Buene Md. 7m	Allinere 11	A CONTRACTOR OF THE PARTY OF TH
within Filled i	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stre	d. STREET ADDRESS	IS RESIDENC ON A FARM
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utec	DECEASED	tast 4. DATE OF	Month Day Year
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and co	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER I	MARRIED B. DATE OF BIRTH day 9. AG	E (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS buthday) Months Days Hours Min.
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8 25	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	14-3-
death pleas	Park	1. MOTHER'S MAINTIN RAME	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16 SOCIAL SECU	JRITY NO. 137 INFORMANT	Address
of the e atte Then oval,	(Yas, no, or unkown) (Ifyesgiva war or dates of servica)	5085 / 1/200	The change Hon
# # # E	18. CAUSE OF DEATH [Enter only one cause par line for (e), (b)), and (c). 1	INTERVAL BETWEEN
ires d by permo	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	un localismo	ONSET AND DEATH
phy phy gne nsir ion,	4201 DUE TO	The second of th	
aw ling no si tral	Conditions, if any, which \ (b) ASCUD	E CHF	Lenkagen
he lend tend bee bee urial	gave rise to immediate cause (a), stating the underlying DUE TO		
r at has he be	cause last (c) letonie	Dena Jundiamo	ashrun
TAN Ital of Cate as the	Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
SIC ospi ertifi ior 1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO TO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH If FITHER, NOTIFY MEDICAL EXAMINER!	Cure .	YES NO
HY S co	200. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW ! OR CONTRIBUTING CAUSE OF DEATH	INJURY OCCURRED. (Enter nature of injury in Part I or Part II of i	itam 1B.)
の 中 中 中 中 中 中			
A Affe by Truck	Hour a.m. WhilaNot Whil		ywπ) (County) (State)
TTENI retain TOR: 1 be de Dept. c		5 5 5	16
T S D A A	21. I certify that (I) (this hospital) attended the de	,,53	1966 that (I) (we) la
N N N N N N N N N N N N N N N N N N N	saw the deceased alive on	262, and that death occurred all M M, from the	causes and on the date stated above
OEDES	Telegraph H. Sherit		TAFF HYS. 125-16 SIGNE
PITAI Page 4 ERAL Page With t	27c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PH	
	NAME MIPO) HAKD H. HUNT	Low Cherry Lane	Hers Burnie Med
O HOSI death. F O FUNI director, be filed		OF CEMETERY OR CREMATORY 234. LOCATION	(City, town or county) (State)
ပို့နှင့်နှင့် ကိုမှင်	Burial (Spacify) 1-21-66 Mt. (Calvary Baltimo:	re, Maryland
14	24 FUNERAL DIRECTOR'S SIGNATURE ADDR		25b. REGISTRAR'S SIGNATURE
VR A15 (4) 20M 5-63	Charles R. Law 802 Madison Ave.,	, Balto., Mi. PATAL 2 1 1000	Ollinger Onder
		000 × 0000	11 11 0



1	Item 18 Film G373 2/2 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7	CERTIFICATE OF DEATH
s after death. by the funeral Pages 1 and 2 ours after-death.	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE b. COUNTY Anne Arundel Maryland Maryland Maryland Anne Arundel b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b
hours S. P	Annapolis DOA Arnold d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE.
24 hour 24 hour filled in 72 hour	U.S. Naval Hospital 133 Brent YES NO
ited within 2	3. NAME DF FIRST Middle Last 4. DATE Month Day Year DECEASED (Type or print) Eugene Randolph TYNER DEATH January 24 19 66
executed femove con amy even	Male Cauc. WIDOWED DIVORCED August 31. 1924 41 yrs.
ate be ex hysician please i	10a. USUAL OCCUPATION (GIVE KIND OF BUSINESS OR during most of working life, even if retired) Guard, Journal Government 10b. KIND DF BUSINESS OR III. BIRTHPLACE (County & State, or foreign country) COUNTRY? Tampa, Florida USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
County Coroner the death certificate be every the attending physician is to permit. Then please mation, or removal, and in	Charles Tyner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) 133 Brent
res that I physician signed b burial, cre	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSE DBY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the Course (a), stating the C
cle law r atten ice has ise as ith price	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIB
CIAN: OSPITA CERTIFIE CERTIFI CERTIFIE CERTIFIE CERTIFI CER	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)
Remains NG PHYSICIAN: Th by the hospital of frer this certifical be detached for u State Dept. of Heai	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Loop, PLACE OF INJURY (Home, farm, Pum. 19 at work a
OR ATTENDY y be retained DIRECTOR: A age 3 should iled with the	21. I certify that (I) (this hospital) attended the deceased from
RAL F, p.	ATTENDING MED. STAFF W 25 Jan. 1966 22c. PHYSICIAN'S R.R. BROCK, ICDR MC USN W.D. ATTENDING DIRECTOR STAFF PHYS. W 25 Jan. 1966 22d. ADDRESS U.S. Naval Hospital, Annapolis, Md.
TO HOSPIT Page 4 n TO FUNERA director, should be	23a. BUTIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City town or county) (State) REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City town or county) (State) ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
VR A15 (4)	The I Rayano Jeven de Nove b 1 1966 " worler Judge



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

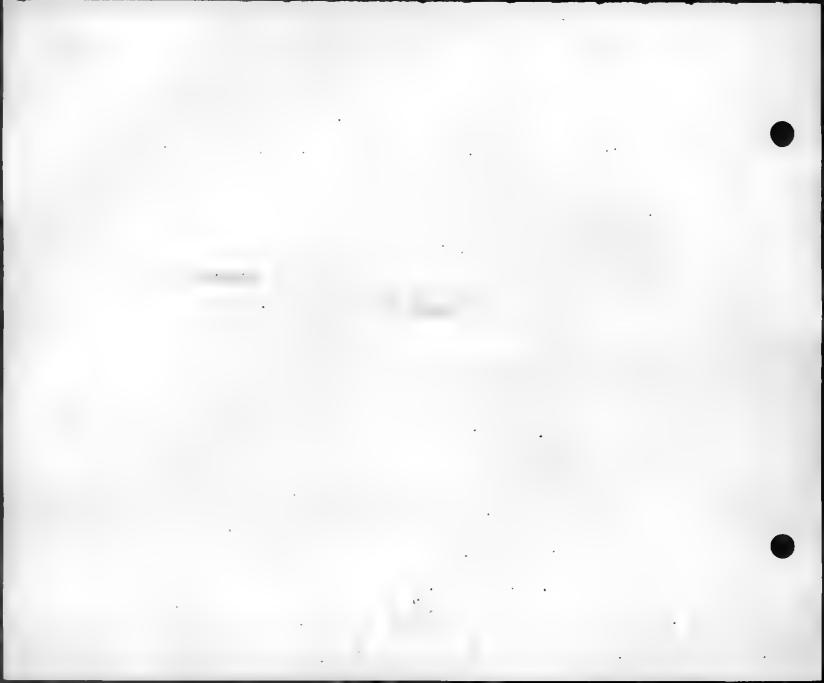
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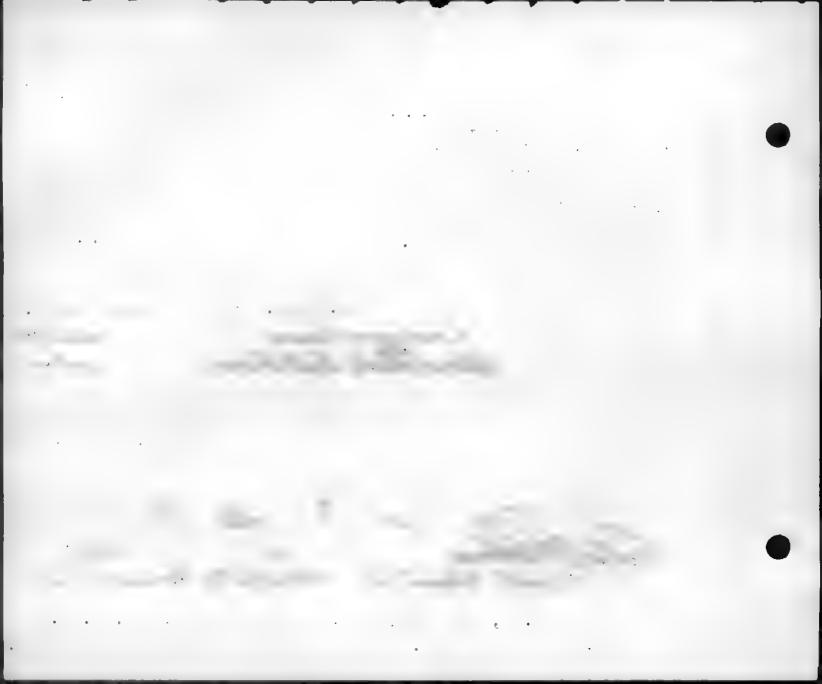
BUILGION OF	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	JRE 1, MARYLANI
00192	CERTIFICATE OF DEATH	0018
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1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Res	idence before admission)
	(m	a, STATE	
	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL a	nd give nearest town)
	Con moville 11 mg. 13 das	9 1+is re 4 6 4	
_	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Gr. anaviale at te carit 1	1711 St. Full ofret (2)	DN A FARM?
3.	NAME DF First MIddle	Last 4. DATE Month	Day Year
٠.	DECFASED	OF OF	18 19 6
5.	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1	
	The state of the s	10/06/11 [6].	lays Hours Min.
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	it : Restaucant	Touryland 100	Α
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
	7 T. cmas	Guharn	
15 (Yr	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. 15. no. or unkown) (If yes give war or dates of service)	INFDRMANT Address	
		capital «scord»	
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Bronchopneum	nnia	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	111111111111111111111111111111111111111	
	77 X DUE TO		
	Conditions, if any, which (b)		
	gave rise to immediate (
	undarlyin - cause fact		
8	PART 11. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1/2)	119. WAS AUTDPSY
CERTIFICATION	In nition. Musticle Decubiti	TED TO THE LEMMINE DISEASE SOUDIFICATION STREET HIS ART \$12)	PERFORMED?
듣	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY DCCU	RRED. (Enter nature of Injury in Part 1 or Part II of Item 18.)	
	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
SAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE DF INJURY (Home, farm, 20f. (City or town) (Coun-	ty) (State)
MEDICAL	Hour a.m. While Not While at work at work	y, street, office bldg., etc.)	
	21. I certify that (I) (this hospit - ptended the deceased from	12/5/ 19 65 to 1/18/ 1966	_, that (!) (we) last
		death occurred at 1: M, from the causes and on the	
	22a. SIGNATURE	22b. DA1	TE SIGNED
	Marcell 2	ATTENDING MED. STAFF 1/3	1./56
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) L. Janeaict, m.).	Grown wills, Pryland	
23a		OR CREMATORY 23d. LOCATION ICAS, town or coun	ty) (State)
130	PREMITIVAL (SDACHY)	250. Lower of Court) (State)
<u>_</u>	July 1-70-66 128 16	Elioned / Select	ind
2A	UNERAL/DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
	Mr. Kursu town the No.	PA MAN 20 1966 Belianly	wenter

VR AIS (4)



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	retained retained retained should with the		sa	v the dec	ceased a	alive on/_	2/3	/	1965	, and tha	t death o	ccurred at	135 AM,	from t	he causes	and on	the date	stated abo	٧
	be reta		223	SIGNATUS	×	11/	1//	7			ATTEN	DING -	MED.	s	TAFF	22b.	BATE MG	NED	
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	Fig. 2 Filly direct		23a. BUR	IAL, CREM		23b. DATE	THEREO	F 2	3c. NAME O	F CEMETER'	Y OR CREM	ATORY	23d.	LOCATI	ON (City, t	own or co	ounty)*	(State)	Ī
	5 5 5 N	a	Bu 24. FUN	OVAL (Spe		Jan. 1	3, 1	966	ADORESS	dar Hi	11	1 25a. RI	Bracob BY R	ookly	777 A	EGISTRAF	Co]	Id NURE	_
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS



1		MARYLAND STA	TE DEPARTMENT OF HE	ALTH	
FOR OTITE	Division of STA	TISTICAL RESEARCH AND REC	ORDS, 301 W. PRESTON STR	EET, BALTIMORE 1, /	WARYLAND
TUR STATE	00130	MEDICAL EXAMIN	ER'S CERTIFICATE O	F DEATH	00188
HEALIN VIEW.	PLACE OF DEATH	(-	2. USUAL RESIDENCE (Where		es'dence before admiss'on)
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ecto your	Write RURAL end give doere	17	To acet to	Testino	,
a deat		TITUT.ON (if no) 'n hosp'te., give street eddress	d STREET ACORESS	- January	IS RESIDENCE ON A FARM?
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th. If a to the be ref hours	DECEASED (Type or pr.nt) 5. SEX 6 GOLD	11º la B. W.	35 LINSTON SEA	тн	31 1966
dea nd 3 wit	To la la	11	B. DATE OF BINTH		YEAR IF JNDER 24 HRS. Deys Hours Min.
and 5 r	10a. USUAL OCCUPATION (Give I	ind of work 10b. KIND OF BUSINESS OR IT	NDUSTRY F. BIRYHIR ACE (State or foreign	yrs. <u>D Z</u> country) / 12. CITI	ZEN OF WHAT COUNTRY?
purs in Page 1, Page 1s 1 a port w	done during most of working life, a	ven if telired)	Chiverle	1 md 2	1.8.0
Page M3. Page	13 FATHER'S NAME	3 10 1 · A	14 MOTHER'S MAIDEN NAME	1	10
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V 2 A	PART II. OTHER SIGNIFICA PART II. OTHER SIGNIFICA 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH				PERFORMED?
t: This he woll hedical hould bound bound	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING	206. DESCRIBE HOW INJURY OCCU	JRED, (Enter nature of injury in Pert I or Pert II	of Item 18 J	IN LI NO EQ
ding the					
EXAMII ate, writing the Chip the Chip R: Page	20c. TIME OF INJURY Mon	Ih, Dey, Year 20d. INJURY OCCURRED 2 While Not While at work at work	Os. PLACE OF INJURY (Home, term, 20f (fectory, street, office bldg., etc.)	City or lown) (Cour	nty) (State)
AL E	21. I certify that I took	charge of the remains described abo	ve, held an Autopsy , Inspectio	n Inquiry .	and in my opinion
	death resulted from:	anural causes . Accident	Suicide . Homicide . l	Indetermined manner	
orwarde DIREC	ACTUAL	7	CH.EF MEDICAL EXAMINER		
1 2 8 E	BIGNATURE	in the state of th	M. D. ASSISTANT MEDICAL EXAMINE		DATE SIGNED
PUT NEI	EXAMINER'S NAME (Type)	E-LINBASH.	Address (Street, city, fown	L	1.31.66.
O DEPU please e 4 should O FUNI Health	22e. BUR.AL, CREMATION, 22b. [PATE THEREOF 220 NAME OF CEMET		AT ON (Giy, town, or country)	(State)
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VR A15ME 3	23 FUNERAL D RECTOR	ADDRESS	240. REC'D BY REGI	STRAR 245 REGISTRAR'S SI	SNATURE
377	- nowam &	Jeese, 112 - with	TA DAILE TO	1835	la Judge
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CONTROL OF DEATH funeral death. PLACE OF CEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE ANNA ARUNDET after the afte MARYLAND b. CITY DR TDWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 1-72 hours þ write RURAL and give nearest town) Sinou SIX WEEKS FT GEO G MEADE, MD. .= filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? KIMBROUGH ARMY HOSPITAL I TRP 11TH ARMD within REGI ND X YES completely carbon NAME OF 3. First Middle Last DATE Mon th Day Year DECEASED OF event, JOHN FRED WATSON (Type or print) DEATH JANUARY 19 66 executed 5. SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24HRS. last birthday) | Months | Days | Hours | Min. remove 6. CDLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED any and MATE CAUCASIAN WIDOWED [DEC 46 DIVORCED | 79 20 YIS. physician a and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY? certificate, be USA SULLIVAN, TENN. US ARMY SOUDTER 13. FATHER'S NAME removal, MOTHER'S MAIDEN NAME ed by the attending paramet. Then, cremation, or remove CLAUDE DOCKERY Nannie V. Watson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) death (If yes give war or dates of service) 225-68-4637 OFFICIAL MILITARY RECORDS (MR VAN SLYKE 18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c). INTERVAL BETWEEN The law requires that the has been signed by the as the burial-transit prior to burial, creman ONSET AND DEATH PART I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. JMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health certificate the for use of Health PERFORMED? YES ND [20a. ACCIDENT WAS UNDERLYING A DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) After this celld be detached JESP ACCIDENT MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Not While at work JAN 19 66 at workXX FT. MEADE ANNA ARUNDEL MD. ATTENDING STREAT 21 JAN 1900 66 that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should iled with the 420 M. from the causes and on the date stated above. saw the deceased alive on. 719 and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED þe page ATTENDING STAFF 21 JAN 66 M.D. PHYS. DIRECTOR PHYS. may HOSPITAL PHYSICIAN'S NAME (Type) TO FUNERAL ADDRESS 22c. 22d. director, p IGILAS D. STRONG KIMBROUGH ARMY HOSPITAL CAPT Page BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMDVAL (Specify) 26 Jan. 1966 COWDEN CEMETERY Ft. Blackmore. Virginia BURTAT **FUNERAL DIRECTOR** REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS Harold S. Wade, 550 Wash-Blvd., Laufel. Maryland DAJEA

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: THE law requires that the death mertificator be executed within 24 limurs afficon death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth.

3 3.

,	MARYLAND STATE DE	EPARTMENT OF HEALTH S. 301 W. PRESTON STREET, BALTIMORE	1. MARYLAND					
1.	0040=	E OF DEATH	00190					
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution a. STATE b. COUNTY	on: Residence before admission)					
	Anne Arundel MARYLANO b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write Ri	IRAL and give nearest town)					
_	Annapolis ida. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Annanolis /	e. IS RESIDENCE ON A FARM?					
	Anne Arundel General	Arundel-on-Day-Rd.	YES NO					
3.	NAME OF OFFICE AND AND WELLER OF PURITY OF PURITY AND	Last 4. CATE Month OF DEATH TANKS AND	Day Year					
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	PLIVER	INED I VEAD HE HNOFF 2/ HDS					
10a	female white WIOOWEO DIVORCED	unknown 93 yrs.	2. CITIZEN OF WHAT					
dur	Ing most of working life, even if retired) NOUSTRY NOUSEWIFE OWN howm		USA					
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
15	lie D. Carr WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unlown) (() fyes give war or dates of service)	Annie Taylor INFORMANT Title B	ldø.					
	no 216-46-6679 A]	bert A.Wheltle-exec. Balti	more, d.					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY:		ONSET AND DEATH					
	IMMEDIATE CAUSE (a) Septicemia, suspected							
	Cenditions, If any, which gave rise to immediate (b) Malnutrition	6 months						
	cause (a), stating the DUE TO	in syndrome (arterioscle	many years					
TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL							
FICA	None 20a. ACCIDENT WAS UNDERLYING → 1 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of Injury in Part I or Part II of Iter	YES NO KK					
CERTIFICATION	OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Contest nature of injury in Part 1 of Part 11 of the	11 10-/					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. While Not While at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bidg., etc.)	(County) (State)					
	21. I certify that (I) (this hospital) attended the deceased from_	Dec 31 , 19 65, to Jan 15 , 1						
	saw the deceased alive on Jan 15 1966, and the	at death occurred at 1:35M, from the causes and	on the date stated above.					
	la la No	1	an 16, 1966					
	22c. PHYSICIAN'S NAME (Type)	22d. AOORESS	Md.					
23a	Charles W. Kinzer, M. 1 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	D. So. River Med Cent. E						
	REMOVAL (Specify) 1/18/66 Cedar Hill C	Semetery Brooklyn	Ad.					
24	FUNERAL DIRECTOR CHERRIS ADDRESS	001	RAR'S SIGNATURE					
H	opping Fuleral Hove - Annapolis, Md.	MAN 19 1866 1 / Cular	= =					

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1			4.	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
FOR S	STATE		1	00198 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00191
HEALTH	DERI		4.	PLACE OF DEATH a. COUNTY Anne Arundel MARYLANO 2. USUAL RESIDENCE (Where deceased lived, If institution: Research as STATE Maryland Maryland Maryland Anne	sidence before admission) Le Arundel
tessary funera may be	Department affer death	3		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis Annapolis	ind give nearest town)
ភ្នំល	#5	4		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give streat address) d. STREET ADDRESS	IS RESIDENCE ON A FARM?
90 P	State	3		Anne Arundel General Hospital 7 College Avenue	YES NO
any del 2, and PM3.	the 72			RAME OF First Middle Lest 4. DATE Month OF OF OF OF OF DEATH January	0sy Year 20 19 66
iges 1.	2 with within			SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift UNDER) Months (Months) Months (Months) (Mont	YEAR IF UNDER 24 HRS Days Hours Min.
ffer des Give Pa sg with	s 1 and sy event		duri	USUAL OCCUPATION (Give kind of work done Industry) 12. CIT SIRTHPLACE (State or foreign country) 12. CIT SIRTHPLACE (State or foreign country) 12. CIT SIRTHPLACE (State or foreign country)	IZEN OF WHAT
tem 18.	TAE B		_6	FATHER'S NAME LUCYUL FORCE 14. MOTHER'S MAIDEN HAME (LUCYUL CLAC MULLIA)	ryt V
thin 24 xcii in 11 er's Off	permit. Fi		15, (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address TCTT Address	my 112%
uted wi " in per Examin	nsit per or ren			18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Interstitial Pneumonitis.	ONSET AND OFATH
e execut andling" edical E	cremation, or			Conditions, if eny, which (b)	
should b word "po Chief Me	a, cret			gave rise to immediata causa (e), stating the DUE TO underlying causa lest.	
ficate sh the wo	used as a to burial,	2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO
t. This certificate s te, writing the w orwarded to the (d be		CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)	
IER: Thi icate, v e forwa	e 3 sfi d agen		MEDICAL	20c. TIME OF INJURY Month, Cay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work et work	ity) (State)
EXAMILE CERTIFICATION IN THE COLUMN IN THE C	CTOR: Pag designate			21. I certify that I took charge of the remains described above, held an Autopsy X, inspection, inquiry, death resulted from: Natural causes X, Accident, Suicide, Homicide, Undetermined manner	and in my opinion
ge 4	音話記			ACTUAL CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER X	22. DATE SIGNED
exector. Pa	ALC: No.	who w		NAME (Type) Charles S. Petty, M.D. Address (Street, city, town, or county)	1/21/66
please edirector.	TO FUNER of Health		23a.	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City, town or countries)	V.24 C
III AI	5ME (5) 1/65		24.	FUNERAL DIRECTOR ADDRESS ADDRESS OATEAN 2 4 1966	SIGNATURE Judge
-,	1/04		200	- / / x	0



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 PLACE OF DEATH USDAL RESIDENCE (Where deceased lived, If institutions, Residence before admission) a. COUNTY b. COUNTY s. Pages I hours after MARYLAND b. CITY OR TOWN (it outside corporate limits, write RURAL) and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 21 bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS etely carbon 3. NAME OF First Middle DATE Month Last 4. DECEASED event, WILSON comple (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. and con 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED 8. NEVER MARRIED any emale. WIDOWED T DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done during gost of working life, even if retired) 10b. KIND OF BUSINESS OR (County & State, or fereign country) 12. CITIZEN OF WHAT sician INDUSTRY and OUSEIL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ed by the attend transit permit. , cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, not of unknwn) ((If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). gned by ial-transil PART I. OEATH WAS CAUSED BY: or attending physician. signed IMMEDIATE CAUSE (a) burial-tr burial, DUE TO Cenditions, if any, which peen gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. 125 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p After this certificate hild be detached for use ne State Dept. of Health p the hospital 2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, officebldg., etc.) Hour a.m. Not While at work at work retained 1am the 21. I certify that (i) (CHE NORM) attended the deceased from. 19 6 . that (I) (wax) last DIRECTOR: Jage 3 should liled with the saw the deceased alive on. M. from the causes and on the date stated above. 19_ ____ and that death occurred at_ 22a. SIGNATURE 22b. OATE SIGNED page ATTENDING PHYS. DIRECTOR may O HOSPITAL TO FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS director, p NAME (Type) Lothian, Md. Emily H. Wilson, M.D. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) REMOVAL (Specify) 66 ac REC'D BY REGISTRAR | 250 REGISTRAR'S ALGNATURE FUNERAL DIRECTOR lianelly

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO

Year

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED? NO TK

(State)

YES

19 66

death. after within certificate PHYSICIAN:

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50.00 Maryland Hunchinde St. Margarets St Margarets FRANKY 9-13-1865 100 Female White BLU Maryland Housewite Sarah "Val" Edwin Gott Helvie Polish Richard E Lankford happy the producer Donily H bothern 1-22-81 Burial 1-22-1966 St. James 1520/5 Jeli M. Taylar Son Annapolo He

rage 4 may be retaired by the inspirat of accounts projector.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending by the and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 10 HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEAT a. COUNTY			2. USUAL RESIDE	NGE (Where deceased lived, If in	nstitution: Residence before admission)
	Anne Arundel	MARYLAI	Ma.	ryland	Anne Arundel
b, CITY OR TO write RURA	WN (if outside corporate lin L and give nearest town)	mits, c. LENCTH OF STAY IN			rite RURAL and give nearest town)
	apolis		Anı	napolis	12-1
d. NAME OF HO	ead on arriva	not in hospital, give street addr	d. STREET ADDRES	S	e. IS RESIDENCE ON A FARM?
Anne Arun	del General H	spital	822 Che	ster Ave.,	YES ND XX
3. NAME DF DECEASED (Type or print)	Charles	Middle Wilmer	YOUNG	4. DATE Mont	
5. SEX	6. COLOR OR RACE 7.	MARRIEO NEVER MARRIED	8. DATE OF BIRTH	9. ACE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	TOTAL 8 A	IDOWED OIVORCED	Jan. 3. 18	last birthday) 80 86 yrs.	Months Oays Hours Min.
10a. USUAL OCCUPA	ATION (Cive kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR	11, BIRTHPLACE	County & State, or foreign countr	y) 12. CITIZEN OF WHAT COUNTRY?
Retired F		Own Farm		Maryland	U.S.
13. FATHER'S NAT	ME	OHII I GE III	14. MOTHER'S MA		
Daniel	Young		Laura Fo	rmwalt	
15. WAS DECEASED	EVER IN U.S. ARMED FORCE	S? 16. SOCIAL SECURITY NO.	17. INFORMANT	Addre	iss
No.	(11 yes give war of dates of serv		Man Mann Tac	ana Annonalda	Manuel
	DEATH (Enter only one car	use per line for (a), (b), and (c).]	MICS MALY LOU	ore, Annapolis	I INTERVAL BETWEEN
	DEATH WAS CAUSED BY:	DAP = 100 /	~110 mais	-0.5	ONSET AND DEATH
.10	IMMEDIATE CAUSE (a)_	CORONTINEY	MEONIC	000/3	14000
420	DUE TO	1 1	1-	10- >10	-1/12-
Cenditions, If		ARTERIOSCIE	COTIC MEN	RT DIS	SYRS
cause (a),	Gule To				
underlying cau					
PART II. OTHER		CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	LDISEASE CONDITION GIVEN IN	VPART 1(a) 19. WAS AUTOPSY
CAT					PERFORMED? YES NOT YES
20a, ACCIDENT	T WAS UNDERLYING	20b. DESCRIBE HOW INJURY	OCCURRED (Enter nature	of Injury in Part I or Part II	
PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	TING CAUSE OF DEATH OTJFY MEDICAL EXAMINER)	and and the transfer	oddines. (Enter notal)	or injury in rate i or rail	~ 110111 1011
20c. TIME OF Hour a	INJURY Month, Day, Year		PLACE OF INJURY (Home,		(County) (State)
Hour a.		Mulle - Little Authe -	factory, street, office bldg.	, etc.)	
	.m. 19	at work at work	411	1-011-	
	Ify that (I) (this hospital)	attended the deceased from		1965, to 26 F	and on the date stated above.
22a. MGNATU		, and	that acath occorres at	M, Hom the cooses	22b. DATE SICNED
191	ment ses	2 -12/	ATTENDING ATTENDING	MED. STAFF	1/20/10
22c. PHYSICI	IAN'S		M.D. PHYS.	OIRECTOR PHYS.	1100100
NAME (Tumol - 1	Beck, M.D.		lin St., Annapo	lis, Md,
23a. BURIAL, CRE REMOVAL (SI		REOF 23c. NAME OF CEME	ETERY OR CREMATORY	23d. LOCATION (City, t	town or county) (State)
Burial	Jan.31.1	966 Lutheran C	emet.erv	Taneytown.	Maryland
24. FUNERAL DIR	ECTOR 10/1/	ADDRESS	25a. R	EC'O BY REGISTRAR 250.	RECISTRARIS SICNATURE.
C.O.Fuss	From A XIRE	lls Tongton	n.Md. DATE	EB 1 1966 /	energy july
O.O.Fuss	Or SOL	Tanevtow	II MICE		

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